

MARY BEARD: MEMBER OF THE NURSING VANGUARD, 1903 TO 1944

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ABSTRACT

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The purpose of this historical study was to demonstrate that public health nurses in the United States have a significant history of successfully organizing, developing, and leading public health services during times of societal change and transition. This study examined the critical role that public health nursing leader Mary Beard played during her 13-year appointment (1925 to 1938) at the Rockefeller Foundation (RF), primarily through an analysis of her work diaries and correspondence. During Beard's tenure at the RF, she occupied a unique position within the nursing profession by providing expert opinion on nursing and health care matters to the Directors of the RF.

During the course of this study, it became apparent that it would not be possible to analyze all the work Beard conducted at the RF because of the vast number of projects in which she was engaged. Therefore, this study focused on three areas of her work: advisory assistance to a national nursing organization; the development of nursing education at the University of Toronto; and the condition and status of nursing in the southern states, with particular emphasis on African American nurses.

A review of Beard's work demonstrated that her overarching goal was to provide quality public healthcare at the national and international level. Beard was cognizant that nursing was integral to achieving this goal. Arguably, Beard held a privileged place in society she was White, Protestant, middle class, and socially connected, and these attributes allowed her to enter an elite school of nursing in New York City.

Beard's work is not as widely known as other American nurses, such as Lillian Wald. This researcher did not find specific details of Beard's involvement in other social movements such as the rights of women, workers, immigrants, and African Americans. However, the case could be made that Beard's life's work was an example of her commitment to public healthcare at home and abroad and her work and actions demonstrated her commitment to female equality in the workplace.

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Chapter I

INTRODUCTION

This historical research demonstrates that public health nurses in the United States have a robust history of successfully organizing, developing, and leading public health services during times of societal upheaval and transition. This was accomplished by exploring the work of public health nurse Mary Beard, a historically significant yet often unknown leader in public health nursing during the first half of the 20th century. Beard's nursing career spanned 41 years from 1903 to 1944. During that time, she held significant leadership positions, served on national committees, and authored a book and several articles on public health nursing.

One of Beard's first leadership roles was superintendent of the Boston Instructive District Nursing Association. In this role, she oversaw the consolidation of health services, a process that subsequently served as a national template for the reorganization of visiting nurse associations (Buhler-Wilkerson, 2001). Beard served as president of the National Organization for Public Health Nursing (NOPHN) from 1916 to 1919. At the same time, she chaired a committee on public health nursing for the Council of National Defense Medical Board during World War I. Started in 1912, the NOPHN supported the development of standards for practice and education in public health (Lewenson, 1993). Beard was also a committee member on the first national study on nursing education. The

committee's findings were published in 1923 in a report commonly referred to as the Goldmark Report (Reverby, 1987).

Beard additionally held the leadership positions of Special Assistant to the Director of the Division of Studies (1925-1927), Assistant to the Director of the Division of Medical Education (1927-1930), and Associate Director of the International Health Division (1931-1938) at the Rockefeller Foundation (RF). Through this work, she participated in developing initiatives that improved the standards of nursing education in the United States and abroad. From 1938 until her retirement in 1944, she was the director of the American Red Cross Nursing Service, and served as chairperson of the Office of Defense Health and Welfare Service's subcommittee on nursing. Beard also organized the education and assignment of nurses for wartime duty during World War II (Rockefeller Foundation, 2013). This study sought to understand Beard and the contributions she made within the context of the period in which she served. The focus of this study is the work that Beard conducted during her tenure at the Rockefeller Foundation.

Significance of the Study

This researcher's interest in the work conducted by Beard is in part due to the present challenges facing the U.S. public healthcare system and because the researcher is a public health nurse. At the end of the second decade of the 21st century, the U.S. healthcare system is in a state of flux. The public healthcare system is in the process of transitioning from individually focused care services to a system focused on population-based services. This shift from a clinical healthcare system focused on treating disease to

a health system focused on prevention of illness and promotion of health at the community level requires the expertise of public health nurses because they are knowledgeable in providing healthcare and education to people where they live and work (Association of Public Health Nurses, 2016).

The Institute of Medicine's (IOM, 2001) classic report *Crossing the Quality Chasm* described the U.S. healthcare system as disorganized, overly complex, and uncoordinated. The IOM report concluded that the healthcare system was unprepared to address the public's healthcare needs. Ten years later, a report from the Alliance for Health Reform (2011) documenting the increase in preventable diseases in the U.S. population confirmed the IOM's assertions.

In 2011, the Alliance for Health Reform reported that during the last 30 years, the United States had seen a significant increase in preventable chronic diseases, with 38% of deaths attributable to tobacco use, diet, sedentary lifestyles, and alcohol misuse. The Alliance for Health Reform also reported that chronic illnesses, including cardiac disease, cancer, and diabetes, accounted for 84% of U.S. healthcare spending. These data thus indicated a public health crisis. Since the publication of these reports, there has been a concerted effort at the legislative level to implement the recommendations of the reports.

The Patient Protection and Affordable Care Act (ACA) of 2010 changed the landscape of the U.S. healthcare system by emphasizing public health, including preventive services and primary healthcare. The ACA includes a provision for the Prevention and Public Health Fund (PPHF), the first mandatory funding stream committed to improving the nation's public healthcare system (Centers for Disease Control and Prevention [CDC], 2012). By investing in prevention, wellness, and public

health activities, the PPHF's overarching goal is to improve the health of Americans while slowing the increase in healthcare costs.

On December 18, 2015, President Barack Obama signed the Consolidated Appropriations Act (2016) into law and allocated \$1 billion dollars to the PPHF. Approximately \$892 million was transferred to the CDC for activities to address health disease, tobacco control, and diabetes prevention. The remaining funds were transferred to the Substance Abuse and Mental Health Services Administration and the Administration for Community Living's Administration on Aging (American Public Health Association, 2015).

In 2016, the federal administration changed; it attempted but failed to repeal and replace the ACA in 2017. Therefore, despite the changes at the federal level, the current healthcare environment presents opportunities for professional nurses in the field of public health nursing to demonstrate their ability to address current challenges. Public health nurses have historically engaged in the development of innovative public health services, leadership in community health services, and the provision of direction for future public healthcare policy initiatives. According to Keeling and Lewenson (2013), offering historical perspectives of the nursing profession's role in providing primary healthcare focuses and clarifies the current debate on who is qualified to lead and deliver primary care. Keeling and Lewenson presented historical case studies demonstrating how the nursing and medical professions collaborated in the delivery of primary healthcare. These case studies underscore the vital role that nurses played in improving access to primary health services in underserved communities. For example, in the case of the Henry Street Settlement, nurses had an impact in a major city. Similarly, the American

Red Cross Rural Nursing Service improved access in farming communities. These examples demonstrate the leadership roles that nurses have historically played and how they can inspire today's generation of nursing leaders.

The Alliance for Health Reform, a nonpartisan not-for-profit group, created a brief in 2011 on community preventive health initiatives after receiving a grant from the Robert Wood Johnson Foundation. The organization selected experts to develop the brief including public health analysts, researchers, and physicians. Interestingly, not one of the selected experts was a public health nurse (Alliance for Health Reform, 2011). This briefing resulted in the publication of *Preventing Chronic Diseases: The New Public Health* (2011).

In 2012, the IOM published two reports, *Primary Care and Public Health* and *For the Public's Health Investing in a Healthier Future*. The first report investigated strategies to integrate primary care and public health, and was created by a group of 14 physicians, one healthcare economist, one public health administrator, and one registered nurse with a public health background. The committee for the second report included 18 committee members, composed of nine physicians, seven healthcare analysts and policy experts, and two public health nurses. The paucity of public health nurses represented on these committees is puzzling, especially given that they comprise the largest professional group working in the public health system. More specifically, the National Association for City and County Health Organizations (2010) estimated that at the time of the study, 27,900 public health nurses were employed in local health departments. In lieu of this fact, public health nurses may be best suited to influence the health system positively and improve public health (Diaz Swearingen, 2009).

D'Antonio (2013) reported that public health nurses have a robust history of developing innovative health delivery services. For example, as D'Antonio detailed, the East Harlem Nursing and Health Service in New York City led a demonstration project from 1922 to 1927 that investigated the most successful delivery of public health services to women and preschool children. The quantitative data generated by the project revolutionized medical and nursing encounters from one based on illness to one based on preventative health. Based on the demonstration's success, it was institutionalized in 1928. The demonstration project and the service received several grants from the Rockefeller Foundation's Laura Spelman Rockefeller Memorial over the span of several years (1922-1938). D'Antonio credited Mary Beard, who was the Assistant Director of the Rockefeller Foundation's (RF) Division of Nursing Education at the time, with assisting the project to obtain additional funding from the RF in 1935 after it experienced a fiscal deficit. Unfortunately, this nurse-led health service failed in 1941 because the nurses' mission and practice did not address the needs of the services' clients (D'Antonio, 2013). This pertinent historical exemplar serves as a case study of what to do and not do, and is therefore relevant in addressing today's healthcare challenges.

In January 2016, the U.S. Department of Health and Human Services announced funding for testing the Accountable Health Communities model (Centers for Medicare and Medicaid Services, 2016). This model is composed of three tracks, with each track featuring interventions that link beneficiaries with community services. The testing of this model will take place over a 5-year period starting May 1, 2017 and ending April 30, 2022.

The Focus of the Study

This study's main focus is on the work that Beard conducted during her tenure at the Rockefeller Foundation (RF) which spanned the years 1925 to 1938. The RF funded several public health initiatives at the beginning of the 20th century. During the development of these public health programs, the RF discovered that nursing was integral to the success of their programs (Rockefeller Foundation, 1950). While the foundation's involvement in public health nursing and education was not a part of their initial focus, it grew out of the need to ensure that their public health services were successful.

According to Abrams (1992) and Reverby (1987), the RF considered public health nursing and education as an "ancillary service" to its public health initiatives. It has also been noted that the RF's public health goals inadvertently gave nursing leaders the opportunity to advance their own agenda of improving nursing practice, conducting education, and professionalizing nursing (Reverby, 1987). In relation to Beard's role with the RF, which commenced in 1925, this study sought to discover how Beard managed the tension created by the RF and nursing leaders' converging and competing goals.

This researcher anticipated that the following questions would be examined. The first question asked about the factors that shaped Beard's life, including her views on race, class, and gender. The second question centered on the role Beard played in the development of public health nursing in the United States and internationally. The third question sought to determine how Beard's endeavors at the RF strengthened a global nursing community that improved the education of nurses and the dissemination of public health education across several continents.

Justification for the Study

This study sheds light on the important work of one of the many leaders of public health nursing, whose prominence has been obscured by the passage of time. The aim of this study was to add to the body of nursing knowledge to understand better how public health nursing has evolved to its current state. Another goal was to perceive how public health nurses in the Progressive Era made their voices heard so that they became equal partners with reformers and politicians. It is hoped that this research highlights the necessity of public health nurses in the early decades of the 21st century so nurses can become engaged and participate in the dialogue to shape the new public healthcare environment. Understanding contemporary nursing's antecedents will create an environment that will facilitate new approaches and solutions to current professional nursing challenges.

Many nursing historians have shown how nursing history is relevant to the profession. Lewenson and Herrmann (2008) stated that nursing history provides a professional identity from which nurses are able to develop and advance the profession. Nursing history makes the profession visible to other healthcare professionals, policymakers, and the general public. Connolly (2011) noted that historical research lends itself to policymaking and decision making because nurse historians comprehend the subtleties and complexities of the past as related to decision making. She urged nurses to seek jobs with policymakers and advocacy groups. Nelson (2002) argued that nursing history is relevant because it demonstrates the important contributions that the nursing profession has made to society. Nelson also recommended that nurse historians endeavor

to use the discourse created by their work in the political arena to highlight the authority and worth of nurses' work.

Historical Methodology: Biographical Framework

A biographical framework focused this historical research on the life and work of Mary Beard. The contributions that Beard made to the nursing profession will serve as an exemplar of the important work that has been conducted by public health nurses in the past. The case for analyzing the professional lives of individual nurses has been made by several nurse historians. Grypma (2008) argued that nursing biographies can serve as models for the development of nursing leaders. Grypma also stressed that it is important not only to examine the successful contributions of the nursing professional profiled, but also to acknowledge and analyze their failures.

Biography connects a person to the events that occurred during the person's lifetime. A biographical nursing study ultimately broadens understandings of the nursing landscape of the past, and views events from the perspective of the person under study (Lewenson, 2015). Itayra Padilha and Nelson (2011) stated that biographies are a way to understand further the identity formation of the nursing profession, and lead to a discussion of nursing's significance and authority in the teaching of student nurses. This study will assist future nurses to speak with confidence and authority in their clinical practice. Utilizing a biographical framework will facilitate the examination and acknowledgment of Beard's contributions in public health nursing and nursing education, and provide insight into her leadership role. The study of nursing history—and

biographical research in particular—will inform future generations of nurses of the role the nursing profession has had in leading change.

In examining Beard's life and work, this study emphasizes the work she conducted at the RF from 1925 to 1938 and the scope of her work with the RF, which stretched across the globe (Rockefeller Foundation, 2013). This historical study explored how her endeavors helped to strengthen a global nursing community that improved the education of nurses and the dissemination of public health education across several continents. Additionally, as Beard does not have the same prominence as her nursing contemporaries Annie Warburton Goodrich and Lillian Wald, this researcher explored this discrepancy. Beard's work was significant because it spanned the national and international stage at a turning point in history. The world was recovering from the aftermath of World War I and the Spanish influenza pandemic of 1918, and women in the United States gained the right of franchise in 1920.

This study uncovered and examined the strategies that Beard used to accomplish her agenda of promoting and developing public health services, advancing nurse education, and elevating nursing to a professional level. Beard's work was analyzed, including an examination of how effective her efforts were in accomplishing her goals and creating a legacy to the nursing profession. Beard's experiences and accomplishments offer important lessons for today's nursing leaders as they address challenges facing the changing public health landscape. Whether it is influencing the political process or shaping public opinion through the media, her life's work has the potential to inform today's nursing leaders.

Beard's professional relationships with other nursing leaders of the time were also examined, including the impact of professional networks and the role of mentorship in advancing the careers of nursing colleagues. Both Vickers (1991) and Lapeyre (2013) uncovered differences of opinion among nursing leaders, notably between Goodrich and Elisabeth Crowell, a RF nursing representative working in Europe. Therefore, this study investigated the fundamental differences of opinion between Beard and her nursing colleagues.

In order to examine history with rigor, it was imperative that the researcher interpret historical events within the context of the timeframe being studied, and not with the values and beliefs of the present (Furay & Salevouris, 2010). To appreciate Beard's contributions fully, an understanding of the time and place in which she lived and worked was necessary to undertake this study. Thus, her work and the relationship of her work to race, class, and gender were examined in this study.

The Source Materials

Primary Sources

Primary sources for this study included the work diaries, reports, minutes, correspondence, and memorandum of Beard and her colleagues from the Rockefeller Foundation archives located in Tarrytown, New York. Beard's papers are housed at the Medical Center Archives of New York-Presbyterian/Weill Cornell in New York City. The papers cover the years 1925-1946, and include RF material such as correspondence; reports on nursing in England, India, and China; publications, including the comments

Beard received following the publication of her book on public health nursing; and personal correspondence from 1934 to 1944.

Secondary Sources

Secondary sources for the study included several dissertations and theses concerning the work of the Rockefeller Foundation (RF) and their nursing initiatives (e.g., Abrams, 1992; Lapeyre, 2013). These secondary source materials, as well as additional journal articles and books (e.g., Buhler-Wilkerson, 2001; D'Antonio, 2010; Grypma, 2003; Kirkwood, 1994), were examined and provided context for the study. As described below, pertinent secondary sources fell into three broad categories: (a) the work of the RF and its nursing initiatives, (b) the broader philanthropic work of the RF and the Rockefeller family, and (c) individual nurses affiliated with the RF.

Organization of the Chapters

The following provides an outline of the chapters and content that was covered in this study. Chapter II describes the context in which Beard worked, including the rise of the public health nursing movement in the United States and the contributions made by public health nursing leaders of the time. The progressive movement in the United States, a defining political movement for Americans, occurred between 1900 and 1920. It was a time of great social, political, and economic upheaval affecting every member of society. This era saw Americans addressing the problems of a new modern urban-industrial society (Link & McCormick, 1983). The nursing profession not only responded to the social and economic issues during this era; their profession was in step with the movements occurring across the world, including suffrage, pacifism, and prohibition.

Most notable was the strength of movements led by women reformers (Lewenson, 1993). An examination of Beard's role in the progressive movement was analyzed as it pertained to her nursing career.

Chapter III contains information on Beard's family background and how it may have influenced her personal philosophy. This chapter examines the reason why she chose nursing as a career. This researcher was unable to discover why Beard decided to make her own living. It could not be determined if it was due to financial necessity or a voluntary choice to find work outside of the home.

Beard completed her nurse training at the New York Hospital in 1903, which was also the alma mater of several leaders in nursing, including Lillian Wald and Annie Goodrich. Reverby (1987) reported that New York Hospital's training school graduates came from the middle and upper-middle classes.

Chapter IV examines Beard's early career through her personal papers which contain her work history prior to World War I. Beard's first position was at Westbury, Connecticut, where she developed visiting nurse work. Beard then spent 2 years working in the research laboratory of surgical pathology at Columbia Medical School. This is the only time that Beard held a position outside of public health nursing. Beard then became Director of the Instructive District Nursing Association of Boston (IDNA) from 1912 to 1922. An analysis of how she reorganized this organization was conducted. This is of particular importance because during Beard's tenure, the organization expanded their postgraduate course in public health nursing, the first in the country. The course was 8 months in length and attracted graduate nurses from as far away as Colorado and North Dakota (Howse, 2009). It also served as one of the courses acceptable to nurses applying

to the American Red Cross Town and Country, where an additional education in rural public health nursing was needed (Lewenson, 2015).

In 1917, during Beard's tenure as the president of the National Organization of Public Health Nurses (NOPHN), the RF awarded financial aid to the NOPHN to assist in setting standards for public health nursing. During World War I, Beard was the first nurse to serve on a committee of the Council of Defense in Washington, D.C.

During Beard's tenure as the Director of the IDNA, Boston became the first city in the United States to be affected by the influenza pandemic (1918-1919). The IDNA's response, caring for the citizens of Boston affected by the pandemic under Beard's leadership, is discussed.

The chapter also includes a discussion of the Goldmark Report (1923), which was organized and underwritten by the RF and was the first major national study on nursing (Reverby, 1987). Beard was a member of the committee that produced this report.

Chapter V includes a history of the foundation of the RF and their work, and an examination of its significance to the national and international nursing profession. Beard's appointments and overall work was conducted at the RF from 1924 to 1938, including her successful negotiation of a professional work space in which to further an agenda to elevate the standards of public health nursing and nurse education at home and abroad. This chapter also includes a case study of the work that Beard conducted during the first year of her tenure with the RF that demonstrates her ability to provide expert advisory services to a professional national nursing organization.

Chapter VI is a case study that demonstrates the role Beard played in the development of a modern independent school of nursing at the University of Toronto.

Beard (1936) listed her chief professional interest as the development of modern schools of nursing. The University of Toronto School of nursing received the largest number of visiting foreign RF nurse fellows. Beard's work assisting in the establishment of a University School of Nursing in Canada demonstrates the extent of her influence on public health nursing and education in the United States and abroad. The discussion includes an analysis of the professional relationship that she developed with Kathleen Russell, Director of the University of Toronto School of Nursing.

Chapter VII is an exploration of the nursing conditions that Beard witnessed in her travels in the southern states of America. During the course of examining Beard's work diaries, the researcher discovered that Beard conducted several working trips to the South. These trips included visits to educational institutions and clinical practice sites that the RF was funding or was considering funding. Beard's diary entries were analyzed to gain insight into nursing conditions in the South among Black and White nurses and also to uncover Beard's views on race as it pertained to African Americans.

Chapter VIII presents an analysis of the work that Beard conducted during her 12-year tenure at the RF. It examines the role she played in furthering the agenda of public health nursing and education and how she expanded her sphere of influence in a male-dominated philanthropic organization. This chapter also discusses Beard's views and opinions as they pertain to nursing in the southern states and her views on race and class.

Chapter II

TIME AND PLACE

Mary Beard entered the nursing profession in 1903 as a graduate of the New York Hospital School of Nursing. Beard's career spanned 41 years from 1903 to 1944. However, the focus of this dissertation is the work that she conducted at the Rockefeller Foundation (RF) from 1925 to 1938.

This chapter describes the context in which Beard received her nurse training and began her nursing career. This includes an examination of the social and economic issues that gave rise to the Progressive Era. The evolving role of women during the Progressive Era, the rise of public health nursing, and the intersectionality of race, class, and gender are also addressed.

The Progressive Era

A significant portion of Mary Beard's career took place during a period of time known as the Progressive Era, which occurred in the United States between 1890 and 1920. The Progressive Era was a time of great social, political, and economic upheaval that affected every member of society and altered the way of life for most of the citizens of the United States (Boyer, 2012). Americans found themselves confronting the problems of a new modern urban-industrial society. In response, social activism and

scientific objectivism were the approaches utilized to address the social concerns and business issues of the time (Abram, 1992; Ealy & Ealy, 2006; Link & McCormick, 1983).

Beard (1936) commenced her nurse training in 1900 at the age of 23 in New York City. Not unlike today, New York City at the turn of the last century was a densely populated urban area. Post-Civil War industrialization created the need for cheap labor in the newly built factories and mills in cities across America. This included low-wage unskilled work in the garment industry in New York City, the meat-packing industry in Chicago, and the steel industry in Pittsburgh (Boyer, 2012).

The lure of work in the industrial centers of America resulted in migration from small American towns and the influx of immigrants from eastern and southern Europe at the end of the 19th century and the beginning of the 20th century (Evans, 1997; Smith-Rosenberg, 1985). This caused rapid increases in population in such cities as Boston, Chicago, New York, and Philadelphia. More immigrants arrived in the United States during the Progressive Era than at any other time in history. Over a 24-year period (1890 to 1914), 15 million immigrants arrived in the United States (Diner, 1998). Boyer (2012) noted that New York City's population was 3.4 million in 1900; this number approximates the total urban population in the entire United States in 1850.

Not surprisingly, the influx of people to the cities from rural areas and new immigrants to the country created overcrowding, resulting in poor sanitation and ventilation. Municipal authorities were overwhelmed by these issues and the social order in the cities became increasingly difficult to manage (Abrams, 1992; Boyer, 2012; Evans, 1997). Additionally, tension arose between native-born Americans of northern European

descent and the new immigrants from eastern and southern Europe (Boyer, 2012; Dawley, 2003; Diner, 1998; Evans, 1997; Leonard, 2016).

Prior to 1890, the majority of immigrants to the United States came from northwestern Europe. However, the majority of immigrants who arrived during the Progressive Era came from countries in southern and eastern Europe, including the Austro-Hungarian Empire, Italy, Greece, and Russia. The immigrants, who were mainly Catholic or Jewish, built their own houses of worship (churches, synagogues) and communal centers and continued to speak their native languages in their communities (Abrams, 1992; Boyer, 2012; Diner, 1998; Evans, 1997). Diner (1998) also noted that some of these immigrants held radical political ideas.

Native-born Americans of northwestern European descent whose families had settled in the United States several generations ago felt their culture would be eroded by the large numbers of newly arrived immigrants from southern and eastern Europe (Diner, 1998). The majority of White native-born Americans viewed the over-populated cities as chaotic and dangerous places, occupied by foreigners who held strange religions and customs and spoke in many different tongues (Smith-Rosenberg, 1985).

New York City was home to large numbers of first- and second-generation immigrants who had come to the United States to escape the civil unrest and poverty in their countries of origin. Newly arrived poor immigrants tended to find living accommodations in sections of the city where people from their own country, ethnicity, and religion resided (Evans, 1997).

One such section of the city, the Lower East Side, was home to many first- and second-generation immigrants of Eastern European Jewish descent. These immigrants

lived in abject poverty; housing consisted of tenement buildings that were crowded and squalid. The cramped conditions, poor ventilation, and unsanitary conditions were hazardous to health (Buhler-Wilkerson, 2001; Diner, 1998). The added burden of poor nutrition and limited access to clean drinking water often led to outbreaks of communicable diseases (Buhler-Wilkerson, 2001; Chen, 2013). This created a public health crisis that also jeopardized the health of the middle- and upper-class city dwellers (Buhler-Wilkerson, 1993).

The conditions of the poor in New York City were seen in cities across the United States; Boston, Chicago, and Philadelphia had large slum areas, occupied by poor African Americans, immigrants, and native Whites (Diner, 1998). Evans (1997) noted that a typical city tenement was composed of small units that averaged 300 square feet. The units lacked kitchens and bathrooms; the occupants cooked on a stove located in the main room and the stove also provided the heat for the unit. Water was drawn from a communal sink in the hallway. Unsanitary privies were located in the basement of the tenements (Evans, 1997).

The large city populations created severe strains on municipalities that could not build and maintain safe city infrastructures (Diner, 1997; Smith-Rosenberg, 1985). Another impediment to the improvement of living conditions was the political machines that fostered patronage rewarding people with jobs based on their social connections and not on their merits (Ealy & Ealy, 2006; Muncy, 1991). Florence Kelley, a progressive reformer, was dismissed from her position as a factory inspector for the State of Illinois by the State Governor. The governor appointed a political crony who was uninterested in enforcing the state's provisions (Muncy, 1991). Political patronage effectively halted

social reform and also caused the loss of professional opportunities for women. Because women did not yet have the right of franchise, they were not accepted in political parties. Therefore, political patronage blocked women from competing for governmental positions that they were qualified to perform (Muncy, 1991).

Work did not offer a way out of poverty as many of the working poor labored in factories that offered long work hours in return for low wages and unsafe work environments (Lewenson, 1993). The economic depression of 1893-1894 further compounded the situation of the urban poor, leading to the unemployment of thousands (Evans, 1997). During 1893, 16,000 businesses and 500 banks went out of business; by 1894, 20% of the workforce was unemployed. Charities and local governments utilized their limited relief funds in an attempt to address the problem (Diner, 1998).

Clearly, life was harsh for the urban poor living at the end of the 19th century and early decades of the 20th century. The following section now examine the rapid industrialization that gave rise to a corporate-industrial economy and the establishment of an industrial society.

American Industrialization

The movement away from an agrarian society to an industrial society during the second part of the 19th century was a prosperous time for some and a time of economic loss for others (Boyer, 2012). Brown (1979) noted that the economic opportunities afforded by the American Civil War (1861 to 1865) and the expansion of the American Railroad network led to the creation of large private fortunes and the establishment of the industrial class.

During the American Civil War, the railroad transported Union troops and their supplies. Despite wartime interruptions, the railroads also transported goods that extended northern capital. After the war, an integrated manufacturing and marketing system was established utilizing the railroad system. According to Boyer (2012), the railroad system supported the postwar economic growth. Cotton was transported by rail from the South to the textile mills in New England. Agricultural produce was transported to new regions and also to ports for shipment abroad. The railroads pushed west, opening up the American frontier and allowing settlers of European descent to move in. In the 1860s and 1870s, 62,000 miles of new rail track was laid (Abrams, 1992; Brown, 1979).

The railroad, factories, and mills were powered by coal-fueled steam engines. The rapid development of steam technology in the 19th century facilitated the development of ocean liners and industrial turbines. At the turn of the last century, electricity became the new power source; it was generated at water-driven or coal fueled plants. This had a huge impact on business and society in general. Machinery was now electrically powered, making continuous mass production possible. Additionally, the invention of the telephone and telegraph allowed business to be conducted over great distances (Boyer, 2012; Diner, 1998). By 1900, the United States was the largest industrial nation in the world, surpassing Great Britain, France, and Germany combined in industrial manufacturing (Muncy, 1991).

The American business system prior to the Civil War was mainly composed of owner-managed small-scale businesses; however, that started to change during the mid-19th century. The new industrial class developed a strategy that stamped out competition by consolidating their industrial businesses, leading to the control of large industrial

sectors (Boyer, 2012; Diner, 1998). For example, Andrew Carnegie bought mines, mills, and shipping companies and created the Carnegie Steel Company. John D. Rockefeller invested in oil refining by pushing out smaller competitors and establishing the Standard Oil Company that effectively monopolized the U.S. oil industry. In 1880, Standard Oil was responsible for refining 95% of oil in the United States. Other notable barons of industry included George Pullman who manufactured railcars and Leland Stanford who was the railroad magnate (Boyer, 2012; Brown, 1979; Diner, 1998; Muncy, 1991).

These examples are noteworthy as both Carnegie and Rockefeller went on to create philanthropic foundations that, in addition to funding education and science programs, also funded innovative nursing programs (D'Antonio, 2010). Mary Beard (1936) went to work at the Rockefeller Foundation (RF) in 1925; her work at the RF is the main focus of this dissertation.

Industrial Power and Labor Strife

The nation's economic power was thus in the hands of a new industrial class. Their aim was to increase their capital by obtaining as much of the market as possible. A popular strategy was to decrease their workers' wages, which lowered the price of their goods or service and thus undercut their competitors' prices. Many industrialists considered their unskilled workers as an easily replaceable resource. When workers became unable to work due to illness or work injury, they would be replaced from the pool of unemployed (usually immigrants) desperate for work. The work was physically strenuous and conducted under dangerous conditions. Work hours were long, with no vacations and minimal remuneration. Not surprisingly, this exploitation of the unskilled workforce caused labor unrest and also highlighted the massive divide between rich and

poor (Boyer, 2012; Brown, 1979; Muncy, 1991). Muncy (1991) noted over 23,000 labor strikes occurred during the last two decades of the 19th century.

Industrialists employed various methods to subdue and quell their workers uprisings. Methods included locking workers out of the work place, employing strike breakers, and using private security companies to break up the assembled strikers. These methods often led to violence and bloodshed. Coupled with investigative news stories into the working conditions and business methods employed by the industrialists, their reputations plummeted among the populace and they were routinely despised (Boyer, 2012; Bremner, 1960; Brown, 1979).

The new modern industrial society was a chaotic fractured structure. The challenges faced by the urban poor also threatened the safety of the middle and upper classes. The following section discusses the evolving role of White middle-class women and the remedies they employed to address urban societal issues. This is relevant because Beard belong to this social-economic group.

Women's Evolving Role in Society

The early 19th century saw the development of a belief system named the Cult of True Womanhood (Muncy, 1991; Smith-Rosenberg, 1985). This system adhered to the belief that White middle-class women were motivated by a concern for others and were the protectors of spiritual and moral values. This consigned women to the role of the caregiver who raised children, rendered charitable care, and nursed the sick. Tending and preserving family and community life required a cultivation of qualities: piety, purity, submissiveness, and domesticity. The Cult of True Womanhood effectively excluded

women from the wider public sphere. Non-participation in business and politics left women without agency (Muncy, 1991; Smith-Rosenberg, 1985).

Some women, however, reasoned that if they were the guardians of spiritual and moral values, then their roles extended further than childrearing, housework, and nursing sick family members and the local community. In an effort to enter the public sphere, they joined together to form female groups that would endeavor to stamp out sin and moral degradation in society. Some of these groups' actions included sending female missionaries to the Western States of America and Asia (Kessler-Harris, 2003; Smith-Rosenberg, 1985). Other female organizations lobbied for temperance laws, supported the abolitionist movement, and attempted to save prostitutes—the victims of men's lust—as members of the Female Moral Reform Society. These efforts did have the effect of moving women into the public sphere (Kessler-Harris, 2003; Lewenson, 1993; Muncy, 1991; Smith-Rosenberg, 1985).

Smith-Rosenberg (1985) reported that during the Civil War, White middle-class women had been called upon to support the war effort and step into the public sphere. Their support took the form of raising funds, preparing supplies (bandages and food) for the military hospitals, and caring for the wounded soldiers. While attending to the needs of soldiers' families, they were exposed to the harsh reality of urban life. Many of these bourgeois women had not been members of groups such as the Female Moral Reform Society, dedicated to fighting urban poverty and prostitution. However, these women also came to the conclusion that they should focus their attention on the needs of the urban poor (Smith-Rosenberg, 1985). At the conclusion of the Civil War, these women remained in the public sphere as True Women; they were the guardians of the nation's

spiritual and moral values, righting the wrongs committed by a selfish corrupt male society.

Sigerman (2000) reported that during the last three decades of the 19th century, middle-class women formed clubs as places to create fellowship and, in some cases, to mitigate social isolation. The clubs had a variety of goals: some were reading and discussion groups, other clubs were devoted to raising funds to support the building of community schools and hospitals, and some clubs became involved in local political causes. The clubs flourished all over the nation, but especially in the Northeast and Midwest. In 1892, hundreds of clubs came together to form the General Federation of Women's Clubs. The Federation continued to grow its membership and, by 1920, had almost a million members (Kessler-Harris, 2003). The formation of these clubs is significant as they gave women a place to develop a social conscience and, in some cases, an opportunity to work towards social change.

The women's voluntary groups that were formed prior to the Civil War and the women's clubs continued to gain strength and social influence. These groups made the case for women's higher education. The argument was that women required the best educations in order to perform their role as the finest wives, mothers, and gatekeepers of morality in a materialistic society. These female groups also petitioned for women to be elementary school teachers because women supposedly had a natural affinity for children (Muncy, 1991). These bourgeois women were in fact lobbying for the higher education of their daughters and their cohort (Smith-Rosenberg, 1985).

Their argument supported the establishment of several women's colleges. In 1865, Vassar College was established, followed by Wellesley and Smith in 1875. Some

American institutions of higher education became coeducational in response to the demand for female higher education. In 1890, two-thirds of American institutes of higher education admitted women, and women accounted for 36% of undergraduates and 13% of graduate students (Lewenson, 1993; Muncy 1991).

However, as D'Antonio (2010) noted, women's colleges such as Vassar, Radcliffe, and Bryn Mawr accepted applicants who were predominantly from the White, Protestant, middle and upper classes. Working-class women, African American women, and Jewish and Catholic women were mainly excluded from these institutions and, therefore, their ability to obtain higher education was limited.

Smith-Rosenberg (1985) defined educated White middle-class women born between the late 1850s and 1900 as the New Woman. The New Woman was college-educated, mainly unmarried, and self-supporting. Because they were barred from entering traditional male professions, the first generation of the New Woman worked to organize and grow new professions, such as nursing and social work. They also developed careers in business and the arts, as did the writer Willa Cather, for example. The New Woman delayed marriage, had fewer children, or did not marry at all (Evans, 1997; Smith-Rosenberg, 1985). Beard was a typical example of a New Woman; born in 1876, she was White, middle-class, a registered nurse, earned her own living, and never married.

During and after the Civil War, White bourgeois women moved into the public sphere. They were called to support the Civil War effort and this experience gave them a wider perspective of urban life and its issues. They realized that as members of the Cult of True Womanhood, their role extended into the public realm.

It should be noted that some of these women who resided in New York City became members of the Woman's Central Association of Relief; this was the women's division of the U.S. Sanitary Commission, whose work was to select applicants to nurse Union soldiers in Army hospitals. Following the Civil War, some of these New York women formed a committee with the intent of establishing a school of nursing at Bellevue Hospital in New York City—the Training School Committee. This committee was responsible for establishing the first American nursing school influenced by the work of Florence Nightingale, in 1873. Their goals included improving nursing care and establishing nursing as a respectable profession for educated women (Mottus, 1981).

These women's daughters who received higher education were faced with the challenge of developing and creating new professions and careers. The following section describes how the first generation of the New Woman surmounted these challenges and created a social movement.

The Social Movement

The first generation of New Woman had the task of creating new ways of living outside of the family and a visible public life. This was extremely challenging because the choices after receiving a college education were limited. Muncy (1991) noted that after graduation from college, many women faced with the choices of elementary school teaching or family responsibilities experienced a period of depression. Their education had equipped them with the skills to do more than teach children and organize tea parties. To alleviate their isolation and lack of meaningful work, they established groups such as the Association of Collegiate Alumnae. These groups enabled female college graduates to

recreate the community and purpose they had experienced as college students. They discussed current events, literature, and science. However, these groups did not meet the needs of all female college graduates (Muncy, 1991).

Jane Addams was part of the group of women college graduates who was not content with housecraft and teaching. During a tour of Europe in 1887-1888 with a former college classmate, Ellen Gates Starr, they visited Toynbee Hall, a London settlement. Toynbee Hall was founded by Samuel A. Barnett in 1884. Male university graduates were invited to live in a working-class neighborhood with the purpose of promoting understanding between the educated class and the working class. Education was provided to the working people and the settlement workers gained an understanding of the societal issues and challenges that the working class faced (Danbom, 1987; Muncy, 1991).

Settlement Houses

On returning to the United States, Addams and Starr founded Hull House in Chicago in 1889. During this period, a group of graduates from Smith College established the Settlement Association in 1887. Chapters were formed at Vassar, Wellesley, Bryn Mawr, and the Harvard Annex. The association opened their first settlement on Rivington Street, New York City. Settlement work fulfilled the women's role of charitable work, the opportunity to pursue new innovative employment and independence from their families (Danbom, 1987; Muncy, 1991). Men had other alternative employment opportunities and they did not join the settlement movement in the numbers that women did (Muncy, 1991). The men who did join averaged a stay of

6 years, as opposed to women residents who often remained a lifetime (Smith-Rosenberg, 1985).

The Hull House settlement was located on the southwest side of Chicago in a former mansion. The settlement occupied part of the house with businesses renting the ground floor. The first year of operation was considered by the founders as experimental, with them spending the time to assess the needs of their neighbors. They organized social clubs for the children and adolescents, lecture series and concerts for the adults. They also ran a kindergarten and sponsored a visiting nurse. Over time, the settlement adapted to the needs of the community. In 1891, a day nursery was opened because most of the mothers in the community worked outside of the home. As community needs were identified, Addams identified a specific resident to work on the issue. Addams would then search for a donor to pay the worker's monthly salary; she called this the fellowship program. The fellowship system was responsible for the creation of new occupations, including juvenile probation officers, gym teachers, art teachers, employment bureau administrators, and social workers (Danbom, 1987; Muncy, 1991).

Hull House settlement became a major center for reform and social research; for example, they investigated and exposed abuses against children and women factory workers. They publicized their extensive community research and established organizations that lobbied to expand governmental support for human welfare. Recognized nationally and internationally as the gold standard in social reform work, they attracted visitors such as the English Fabian socialist H. G. Wells and American progressives Lillian Wald and John Dewey (Dawley, 2003; Diner, 1998; Kessler-Harris, 2003).

The Evolution of Public Health

The prevailing concept in the first half of the 19th century was that the source of infectious diseases was caused by poisonous vapors known as miasma (Lippi & Gotuzzo, 2013; Susser & Susser, 1996). Florence Nightingale was a proponent of this theory, believing that disease was caused by a contaminated atmosphere (Lynaugh, 2010). The safeguards enacted to protect the public's health primarily consisted of controlling the physical environment. Measures included quarantine; inspection of residences, slaughterhouses, and the water supply; and disposal of waste. These were considered policing actions and were instituted prior to scientific discoveries; therefore, public health officers were not necessarily trained in medicine (Abrams, 1992; Fitzpatrick, 1975).

However, the work of Louis Pasteur and later Robert Koch during the second half of the 19th century demonstrated that disease is caused by a specific organism; this concept was named the germ theory. Following this discovery, emphasis was placed on controlling disease through the application of new medical discoveries that interrupted the transmission of the disease, such as vaccines, quarantine, and eventually antibiotics (Lippi & Gotuzzo, 2013; Susser & Susser, 1996). The social reform approach included public health education and the formation of groups comprised of health professionals and laypeople. Fitzpatrick (1975) noted that the earliest collaborative success was the implementation of milk depots, where families had access to clean milk and received instruction on child care. Other measures included the cleaning and protection of water supplies (Lynaugh, 2010).

The Nursing Profession and Public Health

At the beginning of the progressive era, nurses were the first group of professional women to organize and form professional associations and publish a professional journal. The reform of American nursing had occurred in the late 19th century, with the creation of Nightingale-influenced hospital training schools; the first one was Bellevue Hospital in New York City. These schools taught the science and skill of nursing via structured lectures and clinical training. This reform was implemented to improve nursing care and to establish nursing as a profession (Lynaugh, 2010; Reverby, 1987).

These newly established schools of nursing, not unlike the women's colleges, mainly restricted their admissions to White, Protestant, middle- and upper-class women. Reverby (1987) noted that the distinguishing features of the graduates from these schools of nursing were their social class and education. Therefore, working-class, African American, Catholic, and Jewish women were excluded from enrolling in these schools of nursing. As a result of these exclusionary practices, schools of nursing were established that would accept these students; for example, the Dixie Hospital School of Nursing in Hampton, Virginia, was established for the training of African American nurses in 1891 (Hine, 1989).

The new Nightingale-influenced hospital training schools were responsible for graduating the first generation of American nurse leaders approximately 20 years before the Progressive Era (Abrams, 1991; Mottus, 1981; Poslusny, 1988). Several graduates of the first two Nightingale-influenced hospital training schools in New York City (Bellevue Hospital and New York Hospital) produced the first leaders of American nursing. These women included Isabel Hampton Robb, who was the first elected president of the Nurses'

Associated Alumnae of the United States and Canada, and Mary Adelaide Nutting, who became the first professor of nursing at Teachers College, Columbia University, New York City (Mottus, 1981). During the Progressive Era, the nursing profession worked towards improving educational standards and the pursuit of registration through legislative acts.

After graduation from nursing school, many graduates entered private duty nursing or obtained positions as superintendents of nurses in a hospital. However, some nurses were drawn to working with the urban poor. Lillian Wald, an 1891 nursing graduate from New York Hospital training school, had been asked in 1893 to lead a health class on the Lower East Side of New York City; after the class, she was approached by a young class participant who asked for assistance for her ill mother. The resulting visit to the sick woman had a profound effect on Wald, who hitherto had not been aware of the depths of poverty in which the urban poor resided. Wald was certain that the conditions of the urban poor existed because the general public was ignorant of them. Wald also concluded that given the right health education, the poor would be able to make appropriate changes to their lifestyles. Years later, Wald acknowledged that she had been extremely naïve in holding these beliefs (Buhler-Wilkerson, 2001; Feld, 2008; Fitzpatrick, 1975; Wald, 1915).

Wald and her friend from nursing school, Mary Brewster, decided that the best approach to nursing the poor was to live among them, and they adopted the settlement model to implement this plan. Wald approached the wealthy benefactor who had funded the health class she had taught on the Lower East Side, Mrs. Solomon Loeb, to financially support their plan. Mrs. Loeb also asked her son-in-law Jacob Schiff to give

financial assistance. Loeb and Schiff funded Wald's and Brewster's nursing plan for 6 months, giving the nurses the ability to assess the needs of the poor and develop a plan for addressing them. Wald and Brewster also set out to publicize their findings. Wald and Brewster moved to the Lower East Side in 1893. In 1895, the Henry Street Settlement was founded, once again with financial assistance from Schiff (Buhler-Wilkerson, 2001; Feld, 2008; Fitzpatrick, 1975; Wald, 1915).

The nursing practice that was implemented by the Henry Street Settlement utilized a holistic approach; skilled nursing care was rendered to the patient and her family, including health teaching and referrals to appropriate support services and providers of care. Wald also developed collaborative relationships with community stakeholders, which included dispensaries, physicians, and hospitals. Wald quickly recognized that health issues impacting the poor derived mostly from complex social issues. This spurred Wald and the nurses who worked with her to develop and champion social reform agendas, including improved housing for the working poor, education, and women's suffrage (Buhler-Wilkerson, 2001; Lewenson, 1993). Public health nursing became a dynamic area of nursing practice; it placed the practitioner firmly within the public sphere where her opinions were for the most part respected by the public and other healthcare providers (Buhler-Wilkerson, 2001).

The Progressive Era proved to be a time of growth and public recognition of the relatively new profession of nursing. This was the era that Beard entered the nursing profession. Importantly, she developed professional relationships with the nursing leaders of the time probably because they were members of her nursing school alumnae association and she had been supervised by some of them during her nurse training.

Summary

This chapter described the social context that Mary Beard entered when she commenced her nursing education and career in New York City, in 1900, including the social and economic issues created by rapid industrialization in post-Civil War America. The expanding role of White middle- and upper-class women in society and their organized efforts to address the social ills of the times were examined, including the rise of public health nursing.

However, it should be noted that while middle- and upper-class women were afforded the ability to expand their roles in society, working-class, African American, Catholic, and Jewish women were mainly excluded from entering the newly established women's colleges and Nightingale-influenced schools of nursing. Therefore, these groups of women had greater challenges to surmount in their quest for greater social autonomy.

The next chapter examines Beard's family background and how the impact of her background influenced her choice of nursing school and gave her the opportunity to develop professional connections with future nursing leaders.

Chapter III

FAMILY BACKGROUND AND INSPIRATION TO BECOME A NURSE

This chapter examines Beard's family background. An understanding of her background will provide insight into the early factors that contributed to her emergence as a nursing leader. Beard's nursing school background and the professional connections that she made during this time period are studied to demonstrate how a professional network assisted Beard in her future career advancement. The establishment of the first professional nursing organizations, including the National Association of Colored Graduate Nurses (NACGN), is also discussed as this demonstrates the confluence of race and class.

Family Background

Mary Beard's family background places her firmly within the White Anglo-Saxon middle class. Beard was born in Dover, New Hampshire, on November 14, 1876. Beard was the fourth child of the Reverend Ithamar Warren Beard, an Episcopal clergyman, and his wife, Mary Foster Beard. Beard had five siblings—one brother and four sisters. The youngest child, Margaret, died in childhood at the age of 7 years (Diocese of New York, 1914).

Beard's father, Ithamar Warren Beard, was the son of Ithamar Warren and Mary Atkins Beard. He was born in Pittsfield, New Hampshire in 1840, educated at Cambridge High School, and graduated from Harvard University in 1870. He briefly practiced law before attending theological school. He was ordained to the priesthood in 1874 and became rector of St. Thomas Church, Dover, New Hampshire, in 1876, where Beard and her siblings were raised (Diocese of New York, 1914).

Ithamar Beard gave up his parish at Dover after 23 years of service and became chaplain of the Chapel of the Good Shepherd on Blackwell's Island (the present-day Roosevelt Island), New York City. At this time, Blackwell's Island housed some of the city's charitable institutions: the Smallpox Hospital, the Lunatic Asylum, and the Almshouse (poorhouse); Good Shepherd's parishioners were the residents of these institutions. Ithamar W. Beard's profile in *The Harvard University Class Report of 1912* reported that he wrote in December 1911, "I am finding my last days my best days I am very well physically and constantly busy about my work, which I enjoy very much, and am consequently very happy and contented" (p. 8). Ithamar Beard was 72 years old at this time. The profile concluded that four of his children were actively engaged in educational and charitable work. The only mention of his wife, Mary Foster Beard, was the date that he married her (1869) and that she was from Lowell, Massachusetts.

Ithamar Beard's career trajectory is interesting because after serving at a rural parish in New England for most of his clerical career, he made the move to care for the pastoral needs of New York City's diverse underclass. This researcher did not uncover the reason for Ithamar Beard's change of career focus. However, in the late 19th century, in response to the complex social issues associated with industrialization, urbanization,

and immigration, some innovative Protestant theologians developed a modified Christianity which was known as the Social Gospel movement (Williams & Maclean, 2012).

Initially, this movement was most popular among Episcopalians, Congregationalists, and Unitarians; however, the Social Gospel concept spread quickly to Presbyterians, Methodists, and Baptists. The Social Gospel movement called on Protestant churches to perform public duties, which addressed the current social issues. The clergy engaged in new activities, including working with organizations and institutional facilities that assisted the poor, destitute, immigrants, and mentally ill. They also engaged in reform work, publicly voiced their opinions from the church pulpit, joined committees and backed legislation for example opposing child labor, and championed workers' rights and the formation of unions (Danbom, 1987; Williams & Maclean, 2012). This was a departure from the more traditional and narrower charity work in which they had previously engaged (Danbom, 1987). Given Ithamar Beard's work in New York City ministering to the urban poor and mentally ill, he may well have been part of the Social Gospel movement.

This researcher surmises that Mary Beard, as the daughter of an Episcopalian rector in a New England village in the late 19th century, would have been inculcated into the social hierarchy of the community. Beard would have witnessed first-hand the leadership role that her father held in the community and the social respect that was accorded to him. The family of a rector would be expected to support him in his vocation. This could take the form of visiting the sick, distributing aid to the poor, and organizing charitable church events—a life of action dedicated to serving society.

Perhaps Ithamar Beard's children found certain aspects of their father's professional life attractive. This researcher conjectures that their father's work would include purposeful action, developing and organizing processes to accomplish goals, collaborating with stakeholders, and being in the public sphere. The children could also have developed these skills not only by observing their father but also by being active participants in their father's work. This might be one of the reasons that his four children were engaged in education and charity work in 1911. The hard work that her father performed as the chaplain on Blackwell's Island, and the sheer enjoyment and contentment that he reported in conducting his work there, may also have been further inducement for Mary Beard to pursue her childhood ambition of becoming a trained nurse.

Beard was solidly middle class, the daughter of an Episcopalian cleric, descended from an established New England family; these attributes accorded her social privileges that were not accorded to other young women from the working or lower classes. One of these privileges was the ability to receive her nurse education at New York Hospital Training School for Nurses, a school of nursing attended by the middle and upper class (Reverby, 1987). It should be noted that this researcher was unable to ascertain if Beard was financially independent.

Inspiration to Become a Nurse

Towards the end of her nursing career, Beard was profiled in an article published in *The New York Times Magazine* (Woolf, 1940), which highlighted her position as Director of the American Red Cross Nursing Service. During the interview, she revealed how she decided to become a nurse. At the age of 4 years old, she had contracted

diphtheria and the antitoxin had not yet been discovered. She described how this particular disease was a scourge that attacked communities. Beard reported that even though she was a young child, she intuitively knew that the nurse was placing herself in danger by taking care of her and, because of this, she decided she wanted to help sick people when she grew up (Woolf, 1940).

Woolf's (1940) article drew attention to Beard's New England background and credited her with having a keen sense of humor. Beard reported that she grew up to be squeamish: "I recoiled from many of the things a nurse was called upon to do" (p. 13). A family friend who was a doctor and knew of her ambition to become a trained nurse invited her to attend a minor operation. Beard reported that before the operation was over, she required more attention than the patient.

Application to New York Hospital Training School for Nurses

Beard applied to the New York Hospital Training School for Nurses in May 1899; at the time of her application, she was 22 years of age. Beard signed and completed the application on May 11, 1899, on which were questions regarding her date of birth, place of birth, current address, health status, marital status, education, and previous employment; two references were required.

Beard's application indicates that she was single, without children, healthy, and strong (although she reported that this had not always been the case), and wore glasses to correct myopia. Beard indicated that she attended public school in New Hampshire but did not report until what age she attended. Beard listed one past position as a tutor for 1 year in Cambridge, Massachusetts (no date given for date of employment). Beard listed

a current address in New York City. Additionally, a letter is on file from the Superintendent of the New York Eye and Ear Infirmary to the Superintendent of New York Hospital (C. J. McNulty to G. Ludlam, May 13, 1899). This letter served as a letter of introduction and indicated that Beard had been assisting the Superintendent for the last 3 months in the clinical service at the infirmary. The Superintendent reported that Beard possessed many qualities that should make her an excellent nurse and asked that Ludlam oblige him by extending her “a welcoming hand if she enters the training school” (C. J. McNulty to G. Ludlam, May 13, 1899, p. 2).

In response to this application, the Superintendent of the hospital, George Ludlam, issued requests for references from her former employer, a Mr. A. D. S. Bell and her two named referees who had known her since her birth—George S. Frost, Attorney of Law, and Reverend William W. Stiles (Bishop). Superintendent Ludlam requested answers to the following questions: Is she a woman of education and refinement? Does she possess the character traits which inspire respect and esteem? (G. Ludlam to A. D. S. Bell, May 18, 1899).

The referees’ responses were unanimous in their endorsement of Beard’s character traits: “I cannot recommend her too highly as a conscientious Christian and fine minded young lady” (G. S. Frost to G. Ludlam, May 17, 1899, p. 2); “refined by association with people of good social standing” and “I personally deem her to be naturally fitted to do well anything which she would undertake” (W. W. Stiles to G. Ludlam, May 18, 1899, pp. 1, 2). The responses from her named referees are not surprising given that they have known her since her birth and were friends of her father.

Beard was accepted to the New York Hospital Training School for Nurses with a start date of September 1, 1899. She graduated on March 1, 1903. Annie Warburton Goodrich was appointed head of the training school in 1902; Beard is credited with recollecting that Goodrich and the reforms she implemented during her tenure made the school cohesive and Goodrich imbued the school environment with her personality (Fondiller, 2007).

Profile of the New York Hospital Training School for Nurses

Why did Beard apply to New York Hospital Training School for Nurses? Florence Nightingale is universally credited as the founder of modern nursing and reformed hospital nursing in Great Britain. American women from the upper strata of society held Nightingale's system as a template for modern nursing and established schools based on her model, with the aim of reforming hospital nursing from a servile occupation, often performed by the socially marginalized to one categorized as a profession (Lynaugh, 2010; Melosh, 1982; Mottus, 1981; Reverby, 1987). New York Hospital was one of the first private hospitals to establish a training school in 1877, while Bellevue Training School (New York City) claimed the honor of being the first Nightingale school of nursing established in the United States in 1873 (Mottus, 1981).

According to Mottus (1981) and Reverby (1987), White middle-class women attended the New York Hospital Training School for Nurses; it was considered one of the elite schools in the years from 1873 to 1920. The graduates of this school founded national nursing associations with the aim of elevating and standardizing the training curriculum; the ultimate goal was to achieve professional status (this is discussed in more detail later in the chapter). The benefits of professionalization were economic

advancement and respect. Mottus (1981) argued that the elite training school was the place where the student nurse learned the core of the profession, which was scientific knowledge and skills. This was in accordance with Nightingale's goal for the modern nursing movement—the recruitment of women who were capable of being educated in the science and skill of nursing (Lewenson, 1993).

Nurse Training at New York Hospital

The two elite nurse training schools in New York City (New York Hospital Training School, Bellevue Training School), while similar in their mission to improve nursing care and establish nursing as a respectable profession for middle-class women, had a fundamental difference in the way they were managed. The New York Hospital Training School was managed by men and the Bellevue Training school was managed by women. The New York Hospital Training School was a department of the hospital and under the management of a committee of governors. The Bellevue Training School was organized as a separate institution managed by a committee of lady managers and largely financed by private funds. The difference in organization meant that the Bellevue Training School had the additional support of the lady managers when dealing with opposition from the hospital medical staff and administrators (Mottus, 1981).

Mary Beard entered nurse training in 1899 and received her nurse training under the apprenticeship system. This was the standard training protocol at Nightingale schools of nursing. The expectation was that the pupil nurses would learn practical nursing skills by working in the hospital's wards. The pupils were supposed to receive lectures from the medical staff and the supervising nurse. However, the hospital soon started to utilize

them as an inexpensive labor force, which meant that the pupils' learning needs were often sacrificed (Reverby, 1987).

Fondiller (2007) noted that Beard was reported to have described her nurse training as having been composed of 12-hour days and 12-hour nights, and pupils only received a day off if they could be spared from the ward. She also noted that in addition to this arduous work schedule, Beard had to attend classes in the evening.

Distinguished New York Hospital Training School Graduates

The New York Training School for Nurses counts among its graduates some of the most recognizable and respected nursing leaders and educators in the history of American nursing, including Annie Warburton Goodrich and Lillian Wald.

Annie Warburton Goodrich graduated from the nurse training school in 1892. Goodrich had a long and distinguished nursing career, particularly as the superintendent of nurses at two training schools for nurses in New York City (including New York Hospital Training School). Goodrich taught in the Department of Nursing and Health at Teachers College, Columbia University, and in 1923, she became the first Dean of the Yale University School of Nursing (Abrams, 1992; Farley, 2004; Gurney, 1988).

As previously noted, Lillian Wald is credited with inventing the term *public health nursing* (Buhler-Wilkerson, 2001) and with the development of several innovative public health services that included a school nursing service in New York City. Wald graduated from the New York Hospital Training School in 1891. Wald also had the initial idea to provide public health nursing in rural areas within the structure of the American Red Cross. These rural public health nurses required postgraduate education in public

health nursing (Lewenson, 2015). This service connected with the work that Beard conducted in Boston, which is explored in Chapter IV.

Wald's work and influence were not limited to the nursing arena but extended to the wider public platform. For example, the nurses' settlement house that she founded with her colleague Mary Brewster hosted the National Negro Conference in 1909, and the conference led to the founding of the National Association for the Advancement of Colored People (Buhler-Wilkerson, 2001; Feld, 2008).

Several middle- and upper-class graduates of this school, including Beard, became pioneers in nurse education by advancing nursing services, raising the public profile of educated nurses, and organizing national nursing associations as part of a movement to professionalize nursing. The following section explains this movement and the role that nurses educated at the elite nursing schools played.

The Professionalization of Nursing

In 1893, Isabel Hampton, the nursing superintendent at Johns Hopkins Hospital and a graduate of the Bellevue Training School, organized a forum on the status of American nursing. This forum was part of a section on hospitals at the International Congress of Charities, Correction, and Philanthropy in Chicago at the World's Columbian Exposition of 1893 (Lewenson, 1993; Melosh, 1982; Mottus, 1981; Reverby, 1987).

Hampton identified the following nursing issues: the unchecked proliferation of American schools of nursing, lack of nursing standards, the absence of state registration laws, and a national organization of nurses (Lewenson, 1993; Melosh, 1982; Mottus,

1981; Reverby, 1987). Reverby (1987) noted that Hampton strategically argued that a society of nursing superintendents should be organized before the creation of a national organization of nursing alumnae associations. This forum resulted in the founding of the American Society of Superintendents of Training Schools (ASSTS) in the United States and Canada in 1893 (the forerunner of the National League of Nursing Education established in 1912). The ASSTS was composed of superintendents of the larger schools of nursing in the United States and Canada (Melosh, 1982).

The Formation of Alumnae Associations

The rise of nurse training schools' alumnae associations began in the last decade of the 19th century. The organization of alumnae associations was an effort on the part of graduate nurses to form supportive groups that would assist them in collective organizing and engender group loyalty among the graduate nurses (Lewenson, 1993; Reverby, 1987).

The New York Hospital nursing alumnae association was formed in September 1893. Lillian Wald and Mary Brewster, who had strenuously supported the founding of this group, were among its first members. Among the first orders of business was to start a fund to assist sick nurses and a registry for graduate nurses who worked in the private duty sector. The alumnae association gradually expanded their activities to include the organization of a professional lecture series; physicians would be engaged to give lectures on new medical and surgical treatments. The association would also come together to discuss how to professionalize nursing (Fondiller, 2007). Beard would later serve as President of Alumnae Association starting in 1929.

In 1896, the ASSTS created the Nurses' Associated Alumnae of the United States and Canada (NAA). Isabel Hampton Robb (she had married Dr. Hunter Robb in 1894) was elected the first president of the group (Reverby, 1987). Entry to the NAA was reserved for the alumnae of nursing schools who gave 2 years of training in hospitals of 100 beds and more. In 1911, the organizations changed their name to the American Nurses' Association (ANA). However, alumnae associations retained the right for the determination of individual membership (Reverby, 1987).

The proliferation of nursing schools at small hospitals during the late 19th century was a cause for concern among nursing leaders because they commonly had inadequate facilities and personnel to educate their nursing students appropriately. The majority of these hospitals established schools of nursing in an attempt to secure inexpensive nursing labor (Mottus, 1981).

It should be noted that the graduates of these nursing schools could be described as the ordinary working nurse. These nurses often perceived the strategies of the nursing leaders (the graduates of the elite nursing schools) as a threat to their livelihoods because the raising of nursing standards (by exemption from the new nursing organizations, American Society of Superintendents of Training Schools in the United States and Canada: Alumnae Associations) could lead to the downgrading of current practicing nurses (Mottus, 1981; Reverby, 1987).

Registration

In an effort to standardize nursing curricula and management in schools of nursing in the United States and Canada, the ASSTS and the NAA proposed examination and registration of nurses by the states. Each state would register hospital-educated

nurses in the same fashion that they licensed physicians. State registration of nurses would make it illegal for uneducated nurses to use the title of registered or trained nurse (Lynaugh, 2010; Melosh, 1982; Mottus, 1981).

As the registration movement grew, the nursing organizations did eventually secure laws overseeing entrance into the nursing profession in nearly every state. However, the registration laws nearly always included a Grandfather clause, which allowed those already practicing nursing when the law was passed to continue (Lynaugh, 2010; Melosh, 1982; Mottus, 1981). Nurse registration and elevating the standard of undergraduate nursing education and postgraduate education were areas that Beard worked on throughout her nursing career and are examined in further chapters.

The American Society of Superintendents of Training Schools in the United States and Canada (ASSTS) and the American Nurses' Association (ANA) were not the only national nursing organizations in the United States. The National Association of Colored Graduate Nurses (NACGN) was founded in 1908 and the National Organization for Public Health Nursing (NOPHN) was founded in 1912. The following section briefly discusses the NACGN, while an in-depth discussion of the NOPHN is presented in Chapter IV.

The National Association of Colored Graduate Nurses

The National Association of Colored Graduate Nurses (NACGN) was established in 1908 in an effort to improve the conditions of African American women in the nursing profession by improving professional standards, actively working to remove discriminatory practices, and developing leadership among African American nurses (Carnegie, 1995; Lewenson, 1993).

Martha Franklin, a founding member of the NACGN, conducted a 2-year survey from 1906 to 1908 to determine if there was support for the establishment of an African American nursing organization (Carnegie, 1995; Hine, 1989; Lewenson, 1993). Franklin mailed over 1,500 letters to Black graduate nurses, superintendents of nursing schools, and alumnae associations (Carnegie, 1995; Hine, 1989). The responses were encouraging and led to a 3-day meeting in New York City attended by 52 nurses. The meeting resulted in the formation of the NACGN and Franklin was elected as the first president of the organization (Carnegie, 1995; Hine, 1989).

It is important to note that prior to 1916, African American nurses who were members of their nursing school alumnae association were able to join the ANA. However, in 1916, the ANA changed its membership rules and stipulated that members would have to hold membership in their state associations. Unfortunately, many African American nurses were unable to become members of the ANA because of the exclusion of African American nurses from the majority of nurse training schools and the restrictive membership requirements in some state nurse associations, particularly those in the southern states (Hine, 1989; Lewenson, 1993; Threat, 2015). African American nurses were able to obtain individual membership in the NOPHN that was founded in 1912; this is discussed in Chapter IV.

Conclusion

This researcher did not discover a detailed account of Beard's early life and upbringing; for example, there was no record of whether she was a high school graduate. Thus, it was not possible to detect the quality of the relationships that she developed whilst growing up with her family and friends.

However, it is evident from an examination of Beard's nursing application records that she came from the requisite background that would deem her an appropriate candidate for the New York Hospital Training School (she was White, Protestant, and middle-class). Because of her class, race, and place in society, Beard was able to gain admission to an elite school of nursing. The admission criteria at the elite schools of nursing excluded White working-class women, African American women, and generally women who were not Protestant. Therefore, these groups of women were not afforded the same educational and career advantages in nursing that Beard and her cohort received (White middle-class women).

Beard was a graduate of one of America's elite nursing schools and part of a cohort of nurses who worked toward the professionalization of nursing during the early decades of the 20th century. During her nurse education, she had the opportunity to meet and work with future national and international nurse leaders, including Annie Goodrich and Lillian Wald, who was from a wealthy secular Jewish family (Feld, 2008).

However, it should be noted that Beard's race, religion, and class gave her an advantage that was unavailable to other groups of American women, namely African Americans, working-class women, and women who were not Protestant. This researcher surmises that Beard's social advantages were an important factor that gave her entrée to the best nursing education in the country and positioned her within the elite American nursing milieu. Beard's commitment to providing the public with quality nursing services and improving the standards of nursing care led her to succeed in her chosen career and to become a recognized national nursing leader. Ultimately, Beard's work and reputation led to her appointment at the Rockefeller Foundation.

Chapter IV

BECOMING AN EXPERT NURSE

The purpose of this chapter is to answer the following questions: Why did the Rockefeller Foundation hire Mary Beard in 1925? And What professional qualities did Beard possess that were of value to the Rockefeller Foundation's nursing program? To answer these questions, it is important to examine Beard's career postgraduation from nursing school until her appointment at the Rockefeller Foundation in 1925.

The period under discussion covers a span of 22 years during which time Beard became a nationally recognized expert in the field of public health nursing. Beard's work included the reorganization of the Instructive District Nursing Association of Boston (IDNA), the development of a public health nursing course at Simmons College, and serving as a founding member of the National Organization for Public Health Nursing (NOPHN) (Beard, 1936; Buhler-Wilkerson, 1988).

Beard's Early Career

Beard graduated from New York Hospital School of Nursing, March 1, 1903. Her first position following graduation was as a head nurse at the Visiting Nurse Association at Westbury, Connecticut, from 1904 to 1909. In this position, Beard played a significant role in the development of visiting nurse work at the local community level, and in 1908,

she published an article in *The American Journal of Nursing* describing how to establish a visiting nurse association (Beard, 1936; Buhler-Wilkerson, 1988).

Beard's 1908 article described several strategies to create a successful visiting nurse association. These strategies included how to identify community stakeholders who would support the association and strategies to develop and grow the business. Beard made the case that it was important to charge a fee to all patients on a sliding-scale basis because she thought that many people would be unwilling to accept charitable care (free care). Beard emphasized that all inquiries for service from doctors and potential patients should be addressed as quickly as possible as this would demonstrate that the association employed efficient professional business practices. Beard concluded that starting a visiting nurse association was almost more gratifying than the day-to-day running of an established association (Beard, 1908).

In 1910, Beard temporarily left nursing practice and took a position at the Surgical Research Laboratory of the College of Physicians and Surgeons, Columbia University, where for 2 years, she researched the origins and growth of cancer (Beard, 1936; Buhler-Wilkerson, 1988). This researcher could not discover why Beard decided to take a hiatus from her nursing career.

Beard returned to nursing practice in 1912, taking a position as Superintendent at a large public health nursing organization in Boston, the Instructive District Nursing Association (IDNA) of Boston (Beard, 1936; Buhler-Wilkerson, 2001; Howse, 2009). The following section describes the work that Beard conducted during her tenure with the IDNA from 1912 to 1924. During this time period, three major events significantly

impacted Beard's nursing career: the founding of the NOPHN (1912), World War I (1917), and the H1N1 influenza pandemic of 1918.

The Instructive District Nursing Association of Boston

The IDNA was founded in 1886 based on the English District Nursing System, in which a nurse was assigned to visit and care for patients residing in a specific district (neighborhood). The IDNA's focus was to care for the urban poor (a population that was unable to afford medical care) in close collaboration with the district (neighborhood) physicians (Howse, 2009).

The establishment of a district nursing association in Boston was the idea of Abbie Crowell Howes, a member of Boston's upper class. Howes was concerned with the plight of the urban poor and how best to assist them. Following a trip to Liverpool, England, to observe the work of district nurses, Howse consulted with the head physician of the Boston Dispensary (an association of neighborhood physicians serving Boston's poor) regarding the establishment of a district nursing association. The physician agreed with Howes's plan. When the IDNA established the dispensary, physicians became the main referral source for the association and also provided temporary space for the IDNA (Howse, 2009).

The initial support for the association came from the Women's Education Association (WEA), a group that funded and supported women's education. Beard in her 1921 review of the IDNA noted that since the inception of the association, the governing Board was mainly composed of women, and in 1921, the only man on the Board was the treasurer (Beard, 1921). Buhler-Wilkerson (2001) reported that visiting nurse

associations established before the 1900s were composed of Lady Managers who often brought great enthusiasm to the endeavor but lacked the skill set and experience to manage and finance the expansion of these organizations. Lady Managers were often reluctant to relinquish their control to experienced public health nurses (Buhler-Wilkerson, 2001; Howse, 2009).

Expansion and Change at the IDNA

The IDNA began a period of growth between 1908 and 1911. New programs were established which featured day nurseries, industrial nursing, and an expansion of maternity services to include prenatal care. The association also negotiated a business contract with the Metropolitan Life Insurance Company to provide visiting nurse services to their policyholders. The Metropolitan Life Insurance Company policyholders were mainly working class. This marked a change in the association's service model; they would for the first time be reimbursed for the nursing services rendered (Buhler-Wilkerson, 2001; Howse, 2009).

The association's nursing service model utilized specialized nurses to care for specific health issues and populations. A nurse assigned to work with maternity cases would not care for an adult male patient or a patient with a chronic illness. This system had the potential for several different nurses to visit a single family. There were also other Boston agencies employing visiting nurses: the Baby Hygiene Association and the Health Department (Beard, 1921; Buhler-Wilkerson, 2001; Howse, 2009). This also had the potential for families to receive nursing services from multiple agencies.

In 1911, the Lady Managers of the IDNA realized that their organization had an inefficient care delivery system that had led to duplication of services and strained

relationships with their referring physicians. These issues threatened the existence of the organization; therefore, they sought the recruitment of a new Superintendent, an educated registered nurse who had the skill set and experience to reengineer the IDNA (Buhler-Wilkerson, 2001; Howse, 2009).

The IDNA approached several nursing leaders in the field of public health nursing and was turned down by all of them, including Ella Crandall, who at the time was teaching at Teachers College, Columbia University in the department of Nursing Education. Crandall was also the future first Executive Secretary of the NOPHN (Mernitz, 1988).

At the end of 1911, Ella Crandall recommended Beard for the position of Superintendent at the IDNA (Buhler-Wilkerson, 1988; Howse, 2009). According to Buhler-Wilkerson (2001), Crandall thought Beard had the right qualities for the position which included intelligence and personal presence. The Executive Committee interviewed Beard in November 1911 and she was offered the position (Howse, 2009).

This researcher did not discover how Beard and Crandall knew each other, but surmises that the following professional connection between them may have led to their acquaintance. Crandall took a position as supervisor at the Henry Street Visiting Nurse Service in New York City in 1909, the organization founded by Lillian Wald (Mernitz, 1988). Wald was an 1891 graduate of New York Hospital School of Nursing—also Beard's alma mater. Wald and Beard probably knew each other because they were both members of their nursing school's alumnae association. Buhler-Wilkerson (2001) also noted that the nurses who worked in the field of public health formed a close network and

exchanged ideas and experiences with each other. Beard was still working in public health nursing when Crandall entered the field in 1909.

Prior to taking up the position of Superintendent in February 1912, Beard travelled to Chicago, Cleveland, and New York to study the nursing associations in these cities (Howse, 2009). Beard's approach was to consolidate the work of the nurses, moving from specialization of nursing services to a model where each nurse performed general duties. Both Howse (2009) and Buhler-Wilkerson (2001) noted that Beard was convinced that the generalization of nursing services was the way to create a successful association, as opposed to providing specialized nursing services. This meant that one nurse would be responsible for the care needs of a family, as opposed to multiple visiting nurses.

Beard named this system neighborhood nursing and created seven neighborhood offices throughout the city. A head nurse was stationed at each office and supervised a team of nurses who served that particular neighborhood. Beard also developed and implemented a record system designed to capture the patient's healthcare information accurately. These data, when collected, demonstrated where certain health problems existed and the social conditions of the neighborhoods served (Buhler-Wilkerson, 1988, 2001; Howse, 2009).

Beard's overarching goal was to create an association that provided community nursing services for all members of the community and not just the sick poor who were unable to pay for services. Beard thought that the public impression of the IDNA as an association dedicated to providing charity nurses to the poor limited the association's scope and service to the entire community (Buhler-Wilkerson, 2001; Howse, 2009).

Beard developed a marketing strategy targeted at the entire community. The nurses' uniforms were changed to signal to the public that they were community nurses (as opposed to nurses caring for charity cases). A price scale for services was vigorously advertised; according to Buhler-Wilkerson (2001), this ranged from naught to 50 cents per visit.

What were the results of the reengineered IDNA? Howse (2009) and Buhler-Wilkerson (1988, 2001) reported that the changes resulted in success. Patient census increased between 1911 and 1914 by 32%, and the number of patient visits increased by 10% during the same time period. Reimbursement was also collected for nursing services rendered from 24.5% of fee-paying patients and 20% from Metropolitan Life Insurance policyholders (Howse, 2009). The new financial model no longer relied solely on charitable donations to finance the organization (Buhler-Wilkerson, 2001).

Beard was also committed to public health nursing education; during her second year at the IDNA, she began to replace temporary staff with permanent staff nurses who had completed the IDNA postgraduate public health nursing course, which was now affiliated with the Simmons College School for Social Workers. The following section discusses the public health nursing course offered by the IDNA and the Simmons College School for Social Workers and its significance to the advancement of public health nursing.

Expansion of the Postgraduate Course in Public Health Nursing

According to Buhler-Wilkerson (1988), it was during Beard's tenure at the IDNA that she developed an interest in nursing education. Nurse leaders recognized that there

was a national need for qualified public health nurses and basic nurse education did not equip registered nurses for the practice of this specialty. To address this issue, several visiting nurse associations established postgraduate courses; the first course was developed by the IDNA in 1906 (Buhler-Wilkerson, 2001).

The course was 4 months in duration (Buhler-Wilkerson, 1988, 2001; Howse, 2009). The program became affiliated with Simmons College in Boston in 1912, and an 8-month course was also implemented. The course was organized within the School for Social Workers until 1915 when the School for Public Health Nursing was established (Simmons College, n.d.).

The new course was announced in *The American Journal of Nursing* in 1912. Edna Foley (1912), the Superintendent of nurses of the Chicago Visiting Nurse Association and one of the editors of the nursing journal, noted that the course would commence in September 1912. Field work would take place with the IDNA and the Associated Charities of Boston. Interested nurses were directed to contact Mary Beard for course information. Foley (1912) also noted that she had attended a postgraduate course at Simmons College 4 years earlier and found it invaluable; she highly recommended applications to the new course.

The course was also significant because it was one of the courses endorsed by the American Red Cross Town and Country Nursing Service. Nurse applicants to the American Red Cross Town and Country Nursing Service were required to have completed a postgraduate course in public health nursing (Clement, 1914; Lewenson 2015). Other courses that met the requirement were held at Teachers College, Columbia University in New York City; the New York School of Philanthropy; the Visiting Nurse

Society of Philadelphia in association with Phipps Institute; the Cleveland Visiting Nurse Association in association with the Western Reserve University; the School of Philanthropy in Chicago; and the School for Social Economy in St. Louis (Clement, 1914). The American Red Cross Town and Country Nursing Service is discussed later in this chapter as it relates to the NOPHN.

The 4-month course and the 8-month course were attended by graduate nurses from across the nation, including California, Colorado, and North Dakota (Howse, 2009). A case study completed by a nurse from Finland attending the IDNA course was detailed in an article in *The American Journal of Nursing* (Foley, 1912). Postgraduate students taking the course in preparation for employment with the American Red Cross Town and Country Nursing Service also gave written testimonials on the course that demonstrated the value of the teaching they received (Clement, 1916).

The course was transferred to the School for Public Health Nursing at Simmons College in 1915 (Simmons College, n.d.). Anne Hervey Strong was appointed Director of the School for Public Health Nursing in 1916 and assumed responsibility for the course. Prior to this appointment, Strong was an instructor in public health nursing at Teachers College, Columbia University in New York City from 1914 to 1916 (Weston, 1930).

Strong maintained a close professional relationship with Mary Adelaide Nutting, Professor in Nursing Education at Teachers College. They regularly shared and discussed information about the nursing programs at their institutions (Strong, 1921). Nutting recruited Strong as an Associate Professor in the Department of Nursing and Health at Teachers College for the academic year of 1919 to 1920. During this year, Strong split

her time between New York and Boston, where she also remained the Director of the School for Public Health Nursing at Simmons College (Nutting, 1919).

Beard also had a professional relationship with Nutting. They were both members of the Committee for the Study of Public Health Nursing Education which was funded by the Rockefeller Foundation (Winslow, 1919). Eventually, the Committee widened its scope and was renamed the Report of the Committee for the Study of Nursing Education. It should be noted that Strong advocated for the appointment of Josephine Goldmark as secretary to the Committee; Strong noted in a letter to Nutting that she had known Goldmark for more than half of her life (A. H. Strong to M. A. Nutting, February 6, 1919). Strong and Goldmark were both graduates of Bryn Mawr College and this researcher surmises that they met at college (Harvard University Library Open Collection, n.d.; Weston, 1930). Goldmark was appointed as secretary and executive officer to the Committee and Strong was appointed as her first assistant (Winslow, 1919). The report of the Committee for the Study of Nursing Education is discussed later in this chapter.

Correspondence between Beard and Nutting indicated that they exchanged ideas and, on occasion, requests for assistance. For example, when the IDNA and the Baby Hygiene Association merged in 1922, Beard requested Nutting's assistance in securing a Director of Nursing and Field Work for the newly formed Community Health Association of Boston (M. Beard to M. A. Nutting, November 23, 1922). The communication among Strong, Nutting, and Beard is an example of the professional networks that existed among nurse leaders and demonstrated how they exchanged ideas and assisted one another.

Beard's professional life was not exclusively focused on the day-to-day work of the IDNA. Like many public health nurses, Beard was committed to the development of public health nursing at a national level; this included the founding of a national organization that developed and implemented public health nursing standards and education. The following section discusses the formation of the NOPHN in 1912, of which Beard was a founding member (Beard, 1936; Buhler-Wilkerson, 1988).

The National Organization for Public Health Nursing

The Expansion of Public Health Nursing in the United States

During the first decade of the 20th century, the United States saw a significant increase in the number of organizations employing public health nurses. Fitzpatrick (1975) noted that there were less than 200 practicing public health nurses in 1902; by 1912, there were 3,000 working in the public health field and over 1,000 visiting nurse organizations. This increase was due to the recognition of the vital role that public health nurses played in the improvement of the public's health through health promotion and education. In addition to working within a visiting nurse organization, public health nurses could be found practicing in a variety of areas, including the care and prevention of tuberculosis, school nursing, maternity care, and industrial nursing (Buhler-Wilkerson, 2001; Fitzpatrick, 1975).

The Founding of the NOPHN

The increase in organizations that employed public health nurses was concerning to public health nursing leaders, who recognized the potential for the hiring of nurses inexperienced in public health which could ultimately jeopardize the public's safety.

These leaders identified a need to standardize nursing practice and disseminate nursing knowledge among the organizations that employed public health nurses. To address this issue, a Committee on Visiting Nursing of the American Nurses' Association (ANA) requested that the ANA and the American Society of Superintendents (later named the National League of Nursing Education) form a committee to determine the desirability of forming an association for public health nursing. Approval was granted and the committee was comprised of six members, including three members from each association. Mary Beard was one of the members of the committee appointed through her membership with the American Society of Superintendents and Lillian Wald was the Chairman (ANA, 1912; Fitzpatrick, 1975).

To garner support for the formation of a public health nursing association, the committee lobbied organizations employing public health nurses. The committee presented their findings at the ANA convention in Chicago, June 12, 1912 (ANA, 1912; Fitzpatrick, 1975). The NOPHN was established before the close of the ANA Chicago convention in 1912 with the aim of supporting the development of standards for practice and education in public health (ANA, 1912; Fitzpatrick, 1975; Lewenson, 1993). Lillian Wald was elected as the first President and Mary Beard was elected to the first board of directors, serving from 1912 to 1914.

The NOPHN was unique in that it accepted associate membership from non-nurses. The committee members recognized the important role that the lay public had played in the development and running of visiting nurse organizations and realized that they would need the continued support of lay people in order to realize the goals of this new organization. Non-nurse members were also a source of financial support. Hine

(1989) noted that associate membership did not confer voting rights and this kept in check the potential power of the lay membership.

The NOPHN also promoted racial diversity by accepting membership from both African Americans and Whites (Feld, 2008). This was in marked contrast to the ANA, whose membership criteria inadvertently restricted African Americans from joining the organization. As previously discussed in Chapter III, African American nurses were able to join the ANA, provided that they met the criteria of attending a nursing school that gave 2 years of training in a hospital with a minimum of 100 beds and they were members of their nursing school alumnae association. However, the majority of nurse training schools did not accept African American applicants. This situation was further compounded when in 1916, the ANA stipulated that members would have to hold membership in their state associations. Restrictive state association membership requirements, particularly those in southern states, prevented the majority of African American nurses from joining the ANA (Hine, 1989; Lewenson, 1993; Threat, 2015).

Over the next 3 decades, Beard remained an active member of the NOPHN. She was elected to the NOPHN's first board of directors and served from 1912 to 1914; from 1915 to 1916, she served as the vice president and then was the president from 1916 to 1919. Beard continued her association with the NOPHN by serving on the board from 1918 to 1920 and 1936 to 1946 (Buhler-Wilkerson, 1988).

Beard's work as president of the NOPHN is discussed later in this chapter because it demonstrates her initial introduction to the Rockefeller Foundation (RF). However, in an effort to provide context, the NOPHN's work including the competing

interests that existed between the American Red Cross Town and Country Nursing Service is examined in the following section.

The NOPHN and the American Red Cross Town and Country Nursing Service

As previously discussed, the primary mission of the NOPHN was to standardize public health nursing and safeguard the public's health. During the first 2 years of the NOPHN's inception, the organization accomplished the following goals: the development of a tool to standardize work; the collection of public health data; the development of postgraduate education in public health nursing; and the development of collaborative relationships with stakeholders (E. Crandall to J. D. Rockefeller Jr., October 13, 1914).

The NOPHN applied to the RF for funding in 1914, but the application was unsuccessful. However, the application correspondence is important because Ella Crandall, the executive of the NOPHN, thoroughly described the work and goals of the organization. This included an informal statement describing the object and scope of the NOPHN and its relation to the Red Cross Town and Country Nursing Service (NOPHN, 1915).

Crandall reported that the NOPHN considered their development of a standardized record card as the most direct way of standardizing the work of public health nurses. The record card was a tool to capture public health statistics in a coherent way by providing information on community health and illness that public health statisticians could analyze. These data could then be utilized for the development of public health programs. The goal was to have the record card adopted by all public health associations. Crandall also sent to the RF an address by the statistician Frederick L. Hoffman that supported this assertion. Crandall noted that Hoffman argued that if 40 to

50 cities and towns adopted the use of this tool, this would produce significant public health data. It should be noted that Hoffman, in addition to being a recognized public health statistician and former President of the American Statistical Association, was the author of *Race Traits and Tendencies of the American Negro* (Hoffman, 1896), which is considered to be biased by racist views (Roberts, 2002; Wolff, 2006).

Crandall also noted that the organization had 10 committees which had worked on collecting data that would be used as a basis for the development of work practice standards and administration; this would also assist in developing a comprehensive system for the reporting of public health services (E. Crandall to J. D. Rockefeller Jr., October 13, 1914).

In an effort to advance postgraduate education in public health nursing, the NOPHN was actively securing education centers for the training of graduate nurses in public health. Crandall emphasized that the NOPHN recognized the importance of working collaboratively with other human services agencies and, to that end, they had conducted consultations and addresses to departments of health and education and to public and social agencies. The NOPHN also considered the circulation of its publications as an important example of this work: publications included the *Public Health Nurse Quarterly* and the *Bulletin* (E. Crandall to J. D. Rockefeller Jr., October 13, 1914).

The RF appears to have been confused by the work of the NOPHN and the American Red Cross Town and Country Nursing Service and requested that the NOPHN clearly identify their organization's objectives (J. Greene to G. Peabody, November 10, 1915). In an effort to distinguish the work that the NOPHN and the American Red Cross

Town and Country Nursing Service conducted, Crandall sent an informal statement to the RF. The following section gives a brief overview of the American Red Cross Town and Country Nursing Service and the NOPHN's statement that attempted to clarify the roles of each organization.

The American Red Cross Town and Country Nursing Service

The initial concept for a rural public health nursing service organized under the auspices of the American Red Cross was conceived by Lillian Wald, Director of the Henry Street Settlement in New York City. The American Red Cross Rural Nursing Service was established in 1912 and was charged with providing public health nursing services to rural communities. The name of the service was changed to the American Red Cross Town and Country Nursing Service in 1913 and the service was expanded to include towns (Lewenson, 2015).

Fannie Clement, the service's first superintendent, published an article in *The American Journal of Nursing* (1914) describing the scope of the service, job descriptions, and employee entrance requirements. The entrance requirements included visiting nurse experience or the successful completion of a public health nursing course. As previously noted in this chapter, the course conducted by the IDNA in affiliation with Simmons College met the American Red Cross Town and Country Nursing Service's criteria.

Informal Statement from the NOPHN and the Red Cross Town and Country Nursing Service

The opening paragraph of the statement succinctly stated that the NOPHN and the Red Cross Town and Country Nursing Service had differing objectives within the field of public health.

The two organizations cover different fields which do not conflict: both are working upon different phases of the same subject. They do not overlap in function and only causally in territory. FINANCIAL aid to one should not preclude financial aid to the other. (NOPHN, 1915, p. 1)

The NOPHN argued that the Red Cross Town and Country Nursing Service was an administrative service serving towns and country districts. The service's primary objective was to extend public health nursing, while its secondary objective was to extend standards of public health nursing work.

The statement noted that the Red Cross Town and Country Nursing Service's role should be to subsidize communities that are financially unable to pay adequate salaries to suitably qualified public health nurses that meet the standard set by the Red Cross service. Therefore, to meet this objective, the Red Cross Town and Country Nursing Service required a large permanent endowment fund (NOPHN, 1915).

The statement described the role of the NOPHN: "Its object is primarily, to extend standards of public health nursing work, administration and education" (NOPHN, 1915, p. 1). The statement explained that the NOPHN did not need an endowment but a subsidy for administrative and promotional work. The NOPHN was unable to meet its working capital because the majority of its membership were nurses who were on limited incomes.

The statement clarified the distinction between the Red Cross Town and Country Nursing Service and the Red Cross Enrolled Nurses. The Red Cross Enrollment was a unit composed of nurses who had volunteered to serve the Red Cross Service during times of war or disaster. The Red Cross Town and Country Nursing Service represented nurses who were regularly employed, but this did not preclude them from being Red Cross Enrollment nurses. The administrations of the two units were separate (NOPHN, 1915).

Lewenson (2015) discussed the tensions that existed between the two organizations, noting that their roles and responsibilities at times coincided. For example, the Red Cross Town and Country Nursing Service sought opportunities for their nurses to receive additional educational programs and the NOPHN sought to develop postgraduate education for public health nurses. The situation was further compounded because the same people held membership in both organizations (Lewenson, 2015).

The following section examines the work that Beard conducted on behalf of the NOPHN during World War I. This is relevant as it demonstrates Beard's growing influence on nursing at the national level.

Mary Beard, the NOPHN, and World War I

The United States entered World War I in April 1917 (Boyer, 2012; Reverby, 1987). This development precipitated a national demand for nurses who were needed to serve in military hospitals at home and on the frontlines in Europe. There was also a demand for nurses in civilian hospitals to replace the nurses who were serving in the military (Fitzpatrick, 1975; Reverby, 1987; Roberts, 1954).

Beard was now the president of the NOPHN, having been elected to this office in 1916. The leadership of the NOPHN and many of their members recognized the potential threat that the war posed to civilian public health. A decrease in the number of practicing public health nurses would leave the civilian population underserved. Without enough public health nurses to fill the vacant public health nursing positions, the concern was that these positions would be filled by unqualified people, further jeopardizing the health of the populace (Fitzpatrick, 1975; Roberts, 1954).

At the 20th Annual Convention of the ANA which took place during the last week of April 1917, Mary Beard as the president of the NOPHN appealed for public health nurses to remain at their posts in the United States. Beard made the case that new graduate nurses were more able for work on the frontlines of the war than experienced public health nurses. “Hundreds of young graduates strong and fresh from a modern surgical training, will respond to the call of the Red Cross to man the wards of field hospitals” (Beard, 1917, p. 875).

The following year at the 21st Annual Convention of the ANA, which took place in May 1918, Beard appealed again to public health nurses to remain at their positions at home. “Saving the babies may seem a monotonous routine in contrast to nursing wounded soldiers, but what of the soldiers whose babies dies if you desert them?” (Beard, 1918, p. 969).

Anne Hervey Strong, the Director of the School for Public Health Nursing at Simmons College, wrote an article for *The Nation* (1918) to highlight to the general public the shortage of nurses to perform public health work at home. According to Strong, approximately 12,000 nurses were actively engaged in military service. Strong described the work that public health nurses rendered and declared that public health nursing was vital for “national self-preservation” (p. 646).

The NOPHN had also requested two members of their advisory council (C. E. A. Winslow and Dr. Hermann Biggs) to reach out to the Council of National Defense with the intent of having the Council publicly acknowledge the value of public health nursing in the time of war and to advise the Council that the NOPHN could perform an important service by promoting public health nursing. This resulted in the formation of a

subcommittee on public health nursing of the Committee on Hygiene and Sanitation, General Medical Board of the Advisory Council of National Defense. Mary Beard, who was then the President of the NOPHN, was appointed chairman of this subcommittee and became the first nurse to serve on a committee of the Council of Defense. The NOPHN was also invited to develop a program to address the civilian nursing issues related to the war. In recognition of this important role, Beard's employer, the IDNA of Boston, gave her a leave of absence so that she could work full-time on this war work (Fitzpatrick, 1975; Roberts, 1954). Beard's appointment as Chairman of this Committee required her to attend meetings in the nation's capital with other nationally recognized public health stakeholders; this researcher surmises that this raised her profile at the national level. Dr. Richard M. Pearce, the secretary of the Medical Advisory Committee for the American Red Cross (ARC) in Washington, D.C., met with Beard several times in relation to nursing problems and the ARC (R. Pearce to E. Embree, October 5, 1917).

During this same time period of 1917 to 1918, the NOPHN made a second request for funds from the RF; as previously noted, the NOPHN's first request for funding had been unsuccessful. The following section discusses the NOPHN's request for funding, which is significant as Beard was the president of the NOPHN and, in this capacity, she came in direct contact with RF officers.

The NOPHN's Second Application for Rockefeller Foundation Funds

During 1917, the NOPHN increased their membership dues and Frances Payne Bolton, a socially prominent and influential lay member of the NOPHN, pledged to offset any financial deficit for 1917. However, this money was not enough to alleviate the

financial strain that the NOPHN was experiencing due to its increased wartime work (Fitzpatrick, 1975).

John D. Rockefeller Jr. received a letter from Gertrude Peabody at the beginning of October 1917 appealing for RF funding for the NOPHN and requesting a meeting between Beard and the RF (Peabody was a friend of the Rockefellers, a IDNA board member, and a lay member of the NOPHN). Rockefeller Jr. responded to this appeal by forwarding Peabody's letter to the President of the RF, George E. Vincent, asking him to investigate the request and to consider meeting with Beard (J. D. Rockefeller Jr. to G. E. Vincent, October 3, 1917).

The request elicited an immediate response from Vincent, who informed Rockefeller Jr. that the work of the NOPHN was an area that the RF was especially interested in and that Beard should contact the RF offices to schedule an appointment as soon as possible (G. E. Vincent to J. D. Rockefeller Jr., October 3, 1917).

Edwin R. Embree, the RF secretary, was charged with soliciting information about the work of the NOPHN and Beard, the President of the NOPHN. Embree wrote to Dr. Richard M. Pearce, the secretary of the Medical Advisory Committee for the American Red Cross in Washington, D.C. (Pearce was a pathologist and also held the Chair of research medicine at the University of Pennsylvania). Embree explained to Pearce that he and Vincent were planning to meet with Beard to discuss the NOPHN's application for funding. Embree asked Pearce for his opinion of Beard and the work of the NOPHN and noted that he would keep Pearce's assessment confidential (E. Embree to R. Pearce, October 4, 1917).

Embree also wrote a memorandum stating that he had received a satisfactory review about Beard and the work of the NOPHN from Dr. Wickliffe Rose, the Director of the International Health Commission and Board of the RF (1913 to 1923). “Dr. Rose reports that Miss Beard is a responsible person who has been engaged in intelligent work through the National Organization for Public Health Nursing” (E. Embree to Rockefeller Foundation Officers, October 4, 1917, p. 1).

Pearce responded to Embree’s letter stating that he had met Beard several times in Washington, D.C. in relation to nursing problems and the ARC. Pearce remarked that he was impressed by her serious approach and point of view and that she was worthy of serious consideration. Pearce noted that the NOPHN was engaged in the development of public health nursing services and public health nursing education. Pearce concluded that the organization was currently dealing with the issue of how to train large numbers of public health nurses to provide services to the large military camps in the country (R. Pearce to E. Embree, October 5, 1917).

Interestingly, Pearce followed up with a second letter to Embree (written on the same day as the first letter). Pearce stated that he had forgotten to include an important point in his letter written that morning. He forgot to mention that he thought there was an overwhelming need for a school of public health nursing in the country. Pearce reported that he had discussed this subject with Mr. Persons, the head of the ARC Department of Civilian Relief, Dr. Frost of the Public Health Service, and Dr. Rose. Pearce also stated that he had recently spoken with Dr. William Welch, Dean of the Johns Hopkins Medical School, in relation to the new school of hygiene and public health at Johns Hopkins University (this was the first model school of hygiene and public health that the RF

endowed). Pearce made the case that this subject (the establishment of a public health nursing school) could be discussed at Embree and Vincent's meeting with Beard (R. Pearce to E. Embree, October 5, 1917).

Vincent sent a letter to Beard dated October 8, 1917, and referenced a meeting that took place between them on October 6, 1917. It appeared from Vincent's comments that a discussion took place concerning a possible affiliation between the NOPHN and the new school of hygiene and public health at Johns Hopkins University. Vincent reported that he would be glad to move forward on organizing a conference with Welch and Howell (Johns Hopkins University) in Baltimore; however, after consulting with the people he worked with (he did not specify the names of the colleagues with whom he discussed this subject), there might well be issues to forming such a relationship (G. E. Vincent to M. Beard, October 8, 1917).

Vincent reported that his colleagues expressed concern that an affiliation between the NOPHN and the school of hygiene and public health might be seen as an attempt by Johns Hopkins to claim leadership over public health nursing by setting and disseminating national standards. Vincent also claimed that the work of the NOPHN might be impeded if it appeared to the general public that the organization had committed itself to working with only one educational institution. Vincent concluded the letter by noting that even if it was not a good suggestion to move the NOPHN's headquarters to Baltimore (the location of Johns Hopkins), there might still be some advantage in meeting the people from Johns Hopkins (G. E. Vincent to M. Beard, October 8, 1917). Farley (2004) made the point that some officers of the Health Board at the RF did not

consider nurses worthy recipients of assistance, thinking them inferior to the medical profession which was dominated by men.

Despite the RF reneging on its offer to facilitate an affiliation with the school of hygiene and public health at Johns Hopkins University, the RF did agree to give funding to the NOPHN. At a meeting of the RF Executive Committee on December 5, 1917, \$15,000 was appropriated to the NOPHN for the year of 1918, with a formal pledge of \$10,000 toward their budget for 1919 and \$5,000 toward their budget for 1920 (Rockefeller Foundation, 1919). Beard announced at the 21st annual convention of the ANA that the NOPHN had received funding from the RF. The NOPHN planned to use the funds to develop a bureau of advice and information and hire an educational secretary to run this new department (Beard, 1918). This researcher surmises that the NOPHN's request for funding brought Beard to the attention of the RF and, in particular, Embree, the RF secretary. It was Embree who recruited Beard to the RF in 1925, as is discussed later in this chapter.

A few months prior to the end of World War I, which occurred in November 1918, the H1N1 influenza (also known as the Spanish Flu) pandemic struck the United States. During Beard's tenure as the Director of the IDNA, Boston became the first city in the United States to be affected by the influenza pandemic (1918-1919). The following section discusses the IDNA's response, caring for the citizens of Boston affected by this pandemic.

The Influenza Pandemic of 1918-1919

Approximately 50 million deaths worldwide, including 550,000 in the United States, are attributed to the influenza pandemic of 1918-1919 and it remains the most

devastating pandemic to have occurred in the modern era (Stern, Cetron, & Markel, 2010; Trilla, Trilla, & Daer, 2008). According to Taubenberger and Morens (2006), no geographic point of origin has been discovered for the pandemic; they reported that it spread simultaneously over a 12-month period between 1918-1919 in Europe, Asia, and North America.

The pandemic was characterized by three distinct waves. The first wave occurred in the spring of 1918, causing serious illness but, for the most part, it was not fatal. The second wave occurred in the autumn of 1918, and the third wave in the winter of 1918. When the last two waves occurred, the virus had mutated and was extremely contagious, in many cases proving fatal (Keeling, 2010a; Taubenberger & Morens, 2006).

The morbidity pattern was also unusual; the disease mostly affected young healthy people between the ages of 20 and 40, as opposed to the elderly and very young as was normally the case. The hallmark of the disease was rapid disease progression leading to multi-organ failure and death (Keeling, 2010a; Trilla et al., 2008). Symptoms included sneezing, coughing, headache, bone and joint aches, chills, and temperatures of 102-104. Respiratory distress, common to develop bronchopneumonia, elevated mortality to 60% to 70%. The occurrence of death could occur within 12 to 24 hours or after a week or longer (Keeling, 2010a).

The influenza pandemic of 1918-1919 precipitated a public health crisis in the United States that had not been experienced before (Stern et al., 2010). Skilled nursing care was the primary treatment because there were no antiviral medications to prevent the progression of the disease and no antibiotics to treat the common co-morbidity of bronchopneumonia (Keeling, 2010a; Stern et al., 2010).

The INDA's Response to the Influenza Crisis

There were several military bases in and around the Boston area during the summer of 1918 which were home to thousands of young recruits who were awaiting deployment to the frontlines of the war in Europe (Keeling, 2010b; University of Michigan Center for the History of Medicine, n.d.). The influenza outbreak commenced in the late summer among the military. Sailors were the first casualties with an outbreak at Commonwealth Pier, where they were stationed. The victims were transferred to a local hospital naval hospital (Chelsea Naval Hospital). The influenza then spread to Camp Devens in central Massachusetts, infecting the young recruits stationed there. The military hospitals became quickly overwhelmed with casualties and an open tented hospital was erected at Corey Hill in Brookline, to which 200 infected sailors from Commonwealth Pier and East Boston were sent (Keeling, 2010b; University of Michigan Center for the History of Medicine, n.d.).

Boston was the first city in the country to be struck by the influenza outbreak and, according to Keeling (2010b), city officials did not immediately comprehend the enormity of what they were facing. The first civilian casualties started to be reported on September 11, and by the middle of September, hundreds of people were infected and the local hospitals were overwhelmed (University of Michigan Center for the History of Medicine, n.d.).

The Mayor of Boston Andrew J. Peters appointed a special Emergency Committee to assist the city's health commissioner in the allocation of health resources and coordination of care among the healthcare agencies. The head of the committee was William C. Woodward, the Boston Health Commissioner; members included Boston's

healthcare leaders, including Beard in her capacity as the Superintendent of the IDNA. The first meeting took place on September 25 (University of Michigan Center for the History of Medicine, n.d.). The Emergency Committee designated the IDNA headquarters as the administrative center for all home nursing related to the influenza epidemic (Keeling, 2010b).

According to Keeling (2010b), Beard informed the IDNA Board of Managers on September 25^{of} the extent of the influenza situation in the city. Beard also described to the Board the nurses' experiences of visiting homes and finding whole families infected with influenza; in some cases, one or more family members were found dead (Keeling, 2010b).

Keeling (2010b) noted that the IDNA structure supported the epidemic work. The IDNA had a main office and nine satellite offices serving the majority of the city of Boston. Under Beard's direction, the IDNA coordinated nursing services to combat the influenza epidemic; nursing personnel included 15 Board of Health nurses who volunteered to work under the IDNA; 7 tuberculosis nurses; 13 school nurses; and 20 baby hygiene nurses and public health nursing students on the joint IDNA and Simmons College course. The IDNA nurses also supervised nursing attendants, aides, and untrained volunteers. During the month of September, the IDNA nurses attended to 4,664 new patients, tripling the number they had served in August (Keeling, 2010b).

The basic nursing care rendered included bathing patients, administering ice packs and aspirin to reduce fever, Listerine gargles for sore throats, and mustard plasters and cough syrups to alleviate lung congestion (Keeling, 2010b).

The epidemic lasted 8 weeks, during which time 66% of the IDNA staff had become ill. However, Beard reported that as a result of the work conducted by nurses during the epidemic, the public developed an understanding of the important work that nurses performed. The IDNA received an increase in donations, including 232 donations from first-time donors, and 362 existing donors increased their contributions (Keeling, 2010b). It should also be noted that the Armistice occurred on November 11, 1918, a few weeks before the epidemic ended. The country had dealt with two national emergencies concurrently.

The experience that Beard gained from coordinating home healthcare services during the Boston influenza epidemic is significant because it was a test of her leadership skills and demonstrated her ability to work successfully with healthcare leaders during a national disaster.

The following section serves to demonstrate another link between Beard and the RF. An examination of the Committee for the Study of Nursing Education and its significance to nursing is particularly relevant because the study was sponsored by the RF and Beard was a member of this committee.

The Committee for the Study of Nursing Education

In December 1918, the RF convened a conference in New York City to discuss the status of public health nursing in the United States. Beard attended this conference along with other leaders in healthcare. The conference resulted in the formation of a committee with the intent to study the status of public health nursing and Beard was appointed to the committee (Goldmark, 1923; Reverby, 1987).

According to Reverby (1987), nurse leaders were eager to have the nursing profession studied by an objective authority; the goal was to legitimize nursing's professional goals. Mary Adelaide Nutting, the professor of nurse education at Teachers College, Columbia University, had unsuccessfully lobbied the Carnegie Foundation to sponsor a study of nursing (Christy, 1969; Reverby, 1987).

After World War I, the demand for public health nurses had continued. Many nurses who returned from war work did not go back to their previous nursing positions, and the reasons for leaving the profession varied; for example, some married and started families (Reverby, 1987). American public health physicians who went to France during the war to assist in tuberculosis work and the control of epidemic disease had worked with health visitors who were not trained nurses. These physicians had lobbied the RF to consider this approach to training public healthcare workers (Christy, 1969; Reverby, 1987).

During the second conference of the committee which took place in February 1920, it was decided that the committee would widen its scope and include the entire subject of nursing education. As previously noted in this chapter, Josephine Goldmark, a social researcher, was appointed as the secretary and placed in charge of the study (Reverby, 1987).

The study concluded that many hospital training schools were not adequate to train nurses; they were lacking in educational resources and therefore could not attract applicants who were high school graduates. The study made 10 recommendations, the most striking of which included: candidates for nursing education should be high school graduates; nurse education would decrease in length to 2 years and 4 months (elimination

of non-educational routine); the endowment of university schools of nursing would be supported, as would be continued postgraduate education; ancillary workers who care for patients with non-acute illnesses would work under the direction of physicians and trained nurses; and all public health nurses should have a postgraduate course in public health nursing (Goldmark, 1923).

The study did lead to the RF's endowment of a school of nursing at Yale University and eventually the endowment of a school of nursing at the University of Toronto. The work that Beard conducted in assisting with the endowment at the University of Toronto is discussed in detail in Chapter VI. The following section briefly examines Beard's activities during the early 1920s prior to her eventual appointment to the RF in 1925.

The Establishment of the Community Health Association of Boston

The ending of World War I saw Beard return to her full-time position as the Superintendent of the IDNA of Boston. According to Buhler-Wilkerson (1988), there were a total of five public health nursing agencies in the city and Beard's overarching goal was to bring these nursing services under one central agency.

In October 1922, the IDNA of Boston and the Baby Hygiene Association merged, and the new organization was named the Community Health Association; Beard assumed the role of General Director (Draper, 1923). The aim of the merger was to improve the delivery of public health nursing services.

In December 1923, Beard consulted with Edwin R. Embree, Director of the Division of Studies at the RF (formerly the RF secretary), to request his insight and guidance in achieving a more cohesive relationship among the other public health

voluntary and municipal nursing agencies in Boston (Embree, Officer Diary, December 6, 1923). Buhler-Wilkerson (1988) noted that ultimately, Beard was unsuccessful in achieving a centralized public health nursing agency in the city. However, evidently Embree held Beard in high regard because the following year he proposed hiring Beard to the RF nursing staff. The following section discusses the events that led to Beard's eventual appointment to the RF.

Beard's Appointment to the Rockefeller Foundation

Edwin R. Embree was appointed Director of the Division for Special Studies, a division of the RF in 1924. The Department administered the nursing program which was primarily concerned with the development of public health nursing and nursing education in Europe, Asia, and North America (Farley, 2004); the RF's nursing program is discussed in greater depth in the next chapter.

Elizabeth Crowell, a nurse and social worker, was the division's European Field Director based in Paris, France. Crowell had previously worked with the RF's Commission for the Prevention of Tuberculosis in France from 1917 until her 1923 appointment to the Division for Special Studies. Crowell was charged with developing nurse education programs across Europe at the undergraduate and graduate level (Farley, 2004; Rockefeller Foundation, n.d.).

In September 1924, Embree had a meeting with Crowell at the RF's New York office and discussed the necessity of appointing a nursing advisor based in the United States to oversee the nursing projects.

Agrees that important nursing projects outside Europe call for the presence of an active adviser who could make studies and recommendations and have such oversight as may be necessary of nursing projects in the US and elsewhere—heartily recommends Miss Beard for such a post if she is available hopes that anyone undertaking such duties would find it possible to spend some time at the outset in Europe. (Embree, Officer Diary, September 23, 1924, p. 90)

While Embree agreed with Crowell that a study of nursing education in Europe would be beneficial for Beard, he was concerned by Beard's lack of proficiency in European languages, noting "chief difficulty here lack of languages—has some Italian—practically no French" (Embree, Officer Diary, September 25, 1924, p. 93).

However, a few days later, Embree met with Crowell again and proposed that Beard might be the right person to conduct a study of midwifery in England that would analyze the relationship between nursing and midwifery and also observe nursing education in continental Europe. England was unique in that nurse midwives were responsible for supervising obstetrical attendants (practicing midwives), while in continental Europe, the United States, and Canada, the nursing profession did not supervise midwives and was not involved with their education.

Miss Beard an openminded and resourceful person—her experience might make her peculiarly fitted to make a study of midwifery in England—she might be invited to devote six months to such a study and to acquaintance with recent developments in general nursing in Europe. This would give us a valuable report, provide an important experience to an American nursing leader and give us an opportunity, without commitment on either side, to judge of Miss Beard's propensity for studying and working in foreign situations. (Embree, Officer Diary, September 26, 1924, p. 94)

A few days later, Embree and Crowell met with Beard and presented an outline of the proposed study in England and visit to the European continent. Beard was amenable to the proposal, which would include consultations with Crowell and other health experts in the field of public health and nursing education. The field work would be 6 months in

length, and the suggested remuneration of \$300 to \$333 per month in addition to travelling expenses was accepted by Beard, with Embree noting that this was “well below rate of salary which she is now receiving” (Embree, Officer Diary, September 27, 1924, p. 95). Beard would take a leave of absence from her current position as Director of the Community Nursing Association in Boston, thus allowing her the option of returning to the position. Embree emphasized that there was no commitment between the RF and Beard for continued employment with the RF on completion of the study (Embree, Officer Diary, September 27, 1924).

Embree’s diary notation of October 15, 1924, indicated that the RF agreed to Beard’s appointment as a consultant, the start date was set for November 1, 1924. Embree informed Beard that she would meet with public health leaders in the United States and Canada prior to her departure to England and Crowell would assist her in planning her visits in Europe (Embree, Officer Diary, October 15, 1924).

The study took 7 months to complete which also included visits to Poland, Czechoslovakia, Yugoslavia, Hungary, and Italy to review general nursing practices in these countries (Beard, 1936). Beard returned to the United States in the summer of 1925 and met with Embree in August to discuss the study.

Beard hoped that the study would garner interest to address the maternity care issues facing the United States and Canada. She recommended that a conference be convened to include nursing and medical professionals from the United States and Canada and also the Federation of Women’s Clubs. However, Embree informed Beard that there would be no immediate action taken regarding maternal care issues: “there is

likely to be a considerable lapse of time before any further action by RF—Miss Beard understands entirely” (Embree, Officer Diary, August 4, 1925, p. 118).

Embree informed Beard that he would send the study to the other RF boards (General Education Board, Division of Medical Education, and International Health Board) because they also had an interest in maternity work and it might be more profitable for one of these boards to take further action in relation to this subject (Embree, Officer Diary, August 4, 1925).

During the same meeting with Embree, Beard made it known that she would be interested in working for the RF. Beard reported that she was currently completing a book *The Nurse in Public Health* to be published by Harper’s, and she suggested that the Division of Special Studies should issue articles and bulletins on the nursing profession. Beard stated that she thought that more attention should be given to the fellows of nursing in the United States and this would be an area on which she would like to focus. Beard also reported that she would like to study the nursing education movement in the United States and conduct further research studies. Embree informed Beard that there might be a possibility of a 1-year contract to run from December 1925 to December 31, 1926:

with no obligations on either side beyond that date—this would avoid premature commitments and would give opportunity for trying out possibilities of usefulness of a special representative for nursing education in the NY office. (Embree, Office Diary, August 4, 1925, p. 119)

In November 1925, Beard was offered a 1-year appointment to work on the general nursing program in the Division of Special Studies; during the course of this year, Beard was offered and accepted a full-time position with the RF. The following chapter

discusses Beard's full-time appointment and the overall work that she conducted at the RF, including the working relationships that she formed there.

Summary

This chapter examined the work that Beard conducted prior to her appointment at the RF and also demonstrated how she came to the attention of the RF officers. Beard's positions prior to 1925 afforded her the opportunity to gain valuable experience that led to her successful tenure at the RF.

Beard's first position in 1904 allowed her to develop her patient care competencies (staff nurse) and develop management competencies (nurse manager). Beard discovered that she had an aptitude for developing projects; as described in her 1908 article in the *American Journal of Nursing*, she outlined how to develop a successful visiting nurse organization. This included the identification and engagement of key stakeholders: excellent communication skills, both verbal and written. Writing this article demonstrated that she was cognizant of the importance of sharing professional nursing knowledge and networking.

Beard's second position as a laboratory technician introduced her to scientific methodology (precision, recording of data, quantitative analysis). This researcher surmises that she worked predominantly with men. During this time period, it was still unusual for women to work in a male-dominated workplace. Therefore, this experience may have helped hone her skills to navigate in the male-dominated workplace of the RF.

Beard's work at the IDNA during the influenza outbreak in Boston brought her into contact with members of local and state government as well as public health

officials. During World War I, Beard met with public health professionals and legislators in Washington, D.C. This work not only raised her profile at the national level but also offered her the opportunity to gain experience in a broader professional setting. This researcher surmises that Beard observed and gained insight into the art of building consensus among a diverse set of stakeholders.

Therefore, the work that Beard conducted at the IDNA and as president of the NOPHN further enhanced her organizational leadership skills at the local and national level. Beard's work helped to elevate the nursing profession to the general public and also increased her personal stature as a leader within public health nursing. The articles that she wrote and public addresses that she gave at professional nursing conferences also raised her public profile.

By accepting the RF's invitation to conduct a maternal child health study in Europe, Beard was able to demonstrate her professional skill set. This study allowed the RF to assess her interpersonal skills, professional acumen, and writing skills, and determine if she would be an asset to the RF. Clearly, they were satisfied with Beard's work as the RF offered Beard a full-time position in their New York home office.

Chapter V

NEGOTIATING SPACE

This chapter discusses Mary Beard's appointments and overall work conducted at the Rockefeller Foundation (RF), including a description of how she successfully negotiated a professional work space in which to further an agenda to elevate the standards of public health nursing and nurse education at home and abroad. This chapter also includes a case study of the work that she conducted during the first year of her tenure with the RF that demonstrates her ability to provide expert advisory services to a professional national nursing organization. The following section discusses the RF and its relationship to the nursing profession.

The Establishment of the Rockefeller Foundation

The Rockefeller Foundation was incorporated in 1913, charged with the mandate to improve the quality of life for all people throughout the world (Abrams, 1992; Farley, 2004). This philanthropic organization was created by John D. Rockefeller Sr., the founder of Standard Oil and a noted capitalist of the Gilded Age (Chernow, 1998). Rockefeller Sr. and the industrialist Andrew Carnegie are credited with creating philanthropic foundations that applied the new concepts of scientific management to

charitable work; these foundations became the benchmarks for professional nonprofit foundations (Abrams, 1992; Chernow, 1998; Farley, 2004; Lapeyre, 2013).

Rockefeller Sr. began donating funds to charities in the 1860s. In 1891, he appointed Frederick T. Gates, a clergyman and an educator, to manage his philanthropic projects and Gates developed the concept of wholesale giving. This was in opposition to the usual custom of giving small contributions to numerous charities (Abrams, 1992; Chernow, 1998). Gates encouraged Rockefeller Sr. to establish funds that concentrated on particular areas of interest, for example, medical research, education, and scientific agriculture (Abrams, 1992; Farley, 2004).

The Rockefeller Philanthropic Divisions

Prior to incorporation in 1913, Gates oversaw the establishment of several Rockefeller philanthropic divisions, each charged with a specific mission; however, in later years, several of these divisions had overlapping agendas. Abrams (1992) and Farley (2004) both made the case that at times the divisions had competing missions and goals. In 1901, the General Education Board was founded with the aim of improving education in the United States; that same year, the Rockefeller Institute for Medical Research was also established. In 1909, the Rockefeller Sanitary Commission was founded to address public health issues and, in particular, to eliminate hookworm from the southern states of America (Farley, 2004; Lapeyre, 2013; Rockefeller Foundation, 1930, 1950). When the work expanded globally in 1913, the name was changed to the International Health Commission, and the name changed again in 1916 to the International Health Board. The China Medical Board was established in 1914, with a mission to modernize and improve medical education and practice in China.

Between 1915 and 1918, the China Medical Board gave aid to the Nurses' Association of China for the translation of textbooks; at the same time, the RF supported nurse fellowships for Chinese nurses to study nurse administration and education. Assistance was also given to Peiping Union Medical College to establish a School of Nursing. Funds to establish schools of nursing as well went to St. Luke's Medical Center College of Nursing in Tokyo, Japan, and Siriraj Hospital School of Nursing at Chulalongkorn University in Siam (Rockefeller Foundation, 1950).

The Rockefeller Foundation and the Nursing Profession

The RF developed several public health initiatives that included the U.S. hookworm campaign in 1909 and the subsequent development of county health units at home and abroad. In France, the International Health Board (IHB) developed the Committee for the Prevention of Tuberculosis from 1917 to 1922 (Abrams, 1992; Beard, 1930; Farley, 2004; Lapeyre, 2013; Rockefeller Foundation, 1950).

The foundation officers soon recognized that public health nurses were integral to the success of these enterprises. The responsibilities of a public health nurse included health assessments, health education, and coordination of healthcare services; the areas covered included tuberculosis, venereal disease, maternal child healthcare, and school nursing. Therefore, the RF quickly mandated that a public health nurse must be part of the county healthcare team; other members included the health officer, sanitary inspector, and clerk (Rockefeller Foundation, 1930). The RF's *Resume of Nursing* (1930) gives an example of a county health demonstration in Poland, noting that there were five public health nurses in 1925 and 13 in 1929. During this time span, the typhoid death rate had fallen from 20 to 13 per 100,000 (Rockefeller Foundation, 1930).

The RF officers also recognized that an investment would need to be made for the education of public health nurses to staff the county health demonstration programs (Rockefeller Foundation, 1930). The demand for public health nurses in the United States continued to increase immediately after World War I. These circumstances led to the RF organizing and funding the Committee for the Study of Nursing Education. As previously discussed, this Committee was formed to study the educational needs of the public health nurse, but quickly broadened its reach to study the entire subject of nursing education (Christy, 1969; Goldmark, 1932; Reverby, 1987). The study's recommendations were described in Chapter IV.

The study resulted in the establishment and later the RF endowment of the Yale School of Nursing; this was the first independent university-based school of nursing. Annie Warburton Goodrich, a renowned American nurse leader, was appointed the first dean and professor of the school. Goodrich was an alumna of the New York Hospital Training School for Nurses, the same school that Beard and Wald attended. Goodrich worked throughout her career to standardize professional nursing by improving education, state registration, and licensing of nurses (Gurney, 1988).

Several scholars (Farley, 2004; Lapeyre, 2013; Vickers, 1991) have argued that Goodrich, along with other American nurse leaders including Beard, were fierce advocates for the promulgation of American nursing standards, not just within the United States but also abroad. This resulted in tension between the RF-appointed nurse (Frances Elisabeth Crowell) who was organizing and developing nurse education in France during and after World War I. The following section discusses the work that the International Health Board (IHB) conducted in France to mitigate the tuberculosis epidemic and the

novel nurse education program that Frances Elisabeth Crowell developed to address the issue.

The Commission for the Prevention of Tuberculosis

In 1917, the French government requested assistance from the RF in dealing with the tuberculosis crisis that was ravaging the country. The mortality rates for tuberculosis in France were much higher than in Britain and Germany (Farley, 2004; Vickers, 1991). Herman Biggs, the Commissioner of the New York State Department of Health, went to France as a representative of the RF. Biggs reported that France did not have a coordinated public health program to deal with this crisis because the public health system was centralized, bureaucratic, and inefficient. Biggs recommended that the RF not only assist in addressing the tuberculosis crisis, but also assist in the reorganization of the French public health system (Farley, 2004; Vickers, 1991).

The RF responded by establishing the Commission for the Prevention of Tuberculosis, under the auspices of the IHB. Dr. Livingston Farrand was appointed Director. The Commission set out to establish dispensaries for the diagnosis and treatment of tuberculosis, develop training programs for French nurses and physicians, and organize a public education campaign (Rockefeller Foundation, n.d.).

Frances Elisabeth Crowell was recruited to organize the dispensaries and develop training programs for the healthcare personnel. Crowell was an American nurse and social worker; she was educated at St. Joseph's Hospital Training School for Nurses in Chicago and graduated in 1895. After working in Florida for several years, she moved to New York City and attended the New York School of Philanthropy. Prior to her appointment at the Commission for the Prevention of Tuberculosis, she was the Secretary

for the Association of Tuberculosis Clinics in New York City (Farley, 2004; Lapeyre, 2013; Rockefeller Foundation, n.d.; Vickers, 1991). According to Farley (2004), Crowell could be considered one of the better formally educated RF staff members. Having graduated from a private Catholic boarding school in Ohio, she was fluent in French, German, and Italian.

When Crowell arrived in France in 1917, she discovered that the French dispensaries were responsible for diagnosing active cases of tuberculosis, cleaning contaminated homes, and educating the patient and family members. However, they were not responsible for the medical treatment of tuberculosis.

The French dispensaries employed health visitors (*visiteuses d'hygiene*) who were not trained nurses. These health visitors visited the homes of the sick and instructed them on precautions to take to avoid the spread of disease. This was in marked contrast to the U.S. tuberculosis dispensaries, where trained nurses with additional postgraduate education in public health nursing were employed. These public health nurses, in addition to educating the sick and their family in disease management, diagnosed new cases and treated the ill (Farley, 2004; Lapeyre, 2013).

Crowell considered the French health visitors as inadequate for the task at hand. However, there was a dearth of trained nurses in France during and after World War I, which meant there was a shortage of bedside nurses as well as public health nurses. Crowell therefore set out to train public health nurses; she established a 10-month training program for people who held a nursing diploma. However, Crowell soon came to the conclusion that French schools of nursing were substandard because the people

entering the 10-month program were poorly trained (Farley, 2004; Lapeyre, 2013; Vickers, 1991).

Crowell's solution was the development of a 2-year bifurcated course; the first year was composed of general hospital training, the second year was elective, and the students had the option of working towards a diploma for bedside nursing or pursuing a diploma in health visiting. Crowell thought this solution would improve the training of French nurses while also increasing the number of bedside and public health nurses (Farley, 2004; Lapeyre, 2013).

Immediately following World War I, the IHB expanded its public health initiatives in Europe between 1921 and 1923. Crowell made a study of schools of nursing in the following countries: Austria, Bulgaria, Czechoslovakia, England, Hungary, Italy, Poland, Rumania, and Yugoslavia (Farley, 2004; Rockefeller Foundation, 1930). According to Farley (2004), Crowell discovered that in continental Europe, nurses had a poor reputation, attracting to their ranks working-class women who were poorly educated. To address this issue, Crowell did not advocate the upgrading of the established schools of nursing, but rather the development of new schools of nursing offering the 2-year bifurcated course. Crowell thought that this would attract a better candidate (Farley, 2004; Vickers, 1991).

In 1923, the RF secretary, Edwin Embree, was sent to Europe to review Crowell's recommendation for the implementation of bifurcated schools of nursing in continental Europe. Embree was in agreement with Crowell's scheme and reported that it would be a mistake to implement a model school of nursing such as the one at Yale, as the countries would be unable to maintain such schools financially (Farley, 2004).

The RF Board of Trustees met and reviewed Embree's report in December 1923; they agreed there was a need for nurse training programs in Europe to support the health programs of the IHB and an award of \$95,000 for 1924 was granted to fund the initiative (Vickers, 1991). The trustees also authorized the formation of the Division of Studies, and it was decided that all RF nursing activities would be transferred to this division, with Embree appointed as the Director. This development coincided with the closure of the Commission for the Prevention of Tuberculosis. Crowell was appointed to the Division of Studies as a regular field staff member with the title of Director of Education of Nurses and Health Visitors (Farley, 2004; Lapeyre, 2013).

During the same time span, the IHB was invited by the Brazilian government to study public health issues in the country, and this resulted in the funding of a school of hygiene. The IHD informed the Brazilian government that public health nurses were essential to the development of an effective public health program. Unfortunately, Brazil was in a similar situation as continental Europe in that nursing was deemed a low-status occupation. Therefore, the IHB decided to fund a bifurcated nursing program similar to the one in France in the hopes of attracting educated middle-class students. In 1926, the Anna Nery School of Nursing was opened in Rio de Janeiro (Farley, 2004; Rockefeller Foundation, 1950).

The RF also recognized that the schools of nursing and the health demonstration programs that it was funding would require staffing by local nurses. Starting in 1913, the RF developed the nurse fellowship program, with the goal of educating promising candidates at the postgraduate level in public health, education, and administration. The nursing fellowships were granted to nurses who passed a written examination and

interview. According to Beard (1936), between 1913 and 1930, 282 fellowships were granted. The nurses came from the following countries: Austria, Belgium, Brazil, Bulgaria, Canada, China, Colombia, Costa Rica, Czechoslovakia, England, Finland, France, Hungary, Irish Free State, Italy, Japan, Philippine Islands, Poland, Puerto Rico, Rumania, Scotland, Siam, Spain, Syria, Turkey, United States, and Yugoslavia (Beard, 1936).

Farley (2004) noted that the RF nursing program could be considered chaotic in nature because it was pursuing differing agendas; the RF was financially supporting the development of an elite university school of nursing (Yale School of Nursing) in the United States while at the same time supporting the establishment of bifurcated schools of nursing in Brazil and Europe. The following section discusses the criticism that American nursing leader Annie Warburton Goodrich leveled at the European nursing program and, by extension, its creator, Frances Elisabeth Crowell. This is noteworthy as Buhler-Wilkerson (1988) and Lapeyre (2013) noted that Beard was part of the cohort of American nurse leaders who included Annie Warburton Goodrich and Adelaide Nutting, to name just a few who were focused on the elevation of nurse education and public health nursing education.

An American Nurse Leader's Criticism of the European Nursing Program

In December 1923, Embree expressed in a letter to Crowell that he thought it was important to inform American nursing leaders of the work that the RF was conducting in nurse education in Europe (E. Embree to E. Crowell, December 19, 1923). It appears that Embree decided that the best method to present the work of the RF European nurse

program was to invite American nurse leaders on a tour of the European schools that they were funding. Embree noted in his officer diary on September 26, 1924, that he will ask for an appropriation of \$1,000 for travel in Europe of American nursing leaders (Embree, Officer Diary, September 26, 1924).

In October 1924, invitations were extended to American nurse leaders Annie Warburton Goodrich and Lillian Clayton, the Superintendent of Nurses at Philadelphia General Hospital, and two Canadian nurse leaders—Jean Gunn, superintendent of nurses at Toronto General Hospital, and Kathleen Russell, from the University of Toronto—to tour the RF's European nurses program (Embree, Officer Diary, October 7, 1924).

Embree noted in his officer diary, May 22, 1924, that he spoke with Goodrich via telephone and informed her that the proposed tour would give her the opportunity to observe the work of her colleagues in Europe; review the work that the RF had conducted thus far; understand the background of the fellowship students as they may be studying at the Yale School of Nursing; and offer a critique of the work that has been conducted (Embree, Officer Diary, May 2, 1924).

The tour took place in the spring of 1925, with Crowell having organized the itinerary. This tour also coincided with Beard's study in England and tour of Europe. The tour was 12 weeks in length, with 3 weeks in England and France and 6 weeks touring Austria, Belgium, Czechoslovakia, Italy, Hungary, Poland, and Yugoslavia. Crowell informed Embree that Beard's, Gunn's, and Russell's review of the nursing program's work was favorable, although Goodrich and Clayton's were not (Farley, 2004; Lapeyre, 2013). This is interesting to this researcher as it demonstrates that Beard was not in lock-step with every opinion regarding nurse education that Goodrich had. This researcher did

not find documentation that demonstrated that all five nurse leaders had met during their European tour; however, it is more than likely that their paths did cross at some point during their journeys.

Both Farley (2004) and Lapeyre (2013) reported that Goodrich and Clayton informed Embree that the RF should only be concerned with supporting schools of nursing that set high standards, inferring that they meant they were similar to the Yale School of Nursing. Embree was swayed by their criticism and this led him to inform Crowell of his change of opinion:

In considering aid which we may give to schools I think we may regard ourselves in nursing as in medicine and health, to have no obligation to give to schools generally, and no obligation to try to supply the rank and file of any profession. Our obligations rather are to make demonstrations, set standards, and make possible educational ventures beyond those which the countries themselves would be able or willing to make unaided. We have no obligation I think to assist moderately good schools of nursing. I think we would be entirely justified in reserving our assistance to a few “light houses”, to the occasional school that is about to make a real contribution by its influence and by the leaders and teachers of other schools which it may turn out. (E. Embree to E. Crowell, August 26, 1925, p. 2)

A few days later, Embree sent a memorandum to George Vincent, the president of the RF, also informing him of his change of opinion and recommendation that the general nursing policy should be amended (E. Embree to G. E. Vincent, August 29, 1925). Farley (2004) noted that eventually Crowell was in agreement with the “light house” concept regarding the RF funding schools of nursing in Europe. Three European light house schools of nursing were proposed: one in London, one in Austria or Germany, and a third one in Lyon; however, only the school in Lyon was established (Farley, 2004). It should be noted that eventually three light house schools of nursing were also eventually established and endowed by the RF in North America: the Yale school of nursing, the

school of nursing at Vanderbilt University, and the school of nursing at the University of Toronto (Rockefeller Foundation, 1950).

The following section discusses Beard's appointments and overall work conducted at the RF, including a description of how she successfully negotiated a professional work space in which to further an agenda to elevate the standards of public health nursing and nurse education.

Beard's Appointment to the Rockefeller Foundation

Beard joined the Rockefeller Foundation in December 1925 with the title of special assistant in the nursing program, initially on a 1-year contract; however, her contract was extended and she held this position until 1927 (Beard, 1936; Farley, 2004). At the time of her hiring in 1925, the RF was the wealthiest of the five Rockefeller philanthropies comprised of two boards and two divisions: China Medical Board, International Health Board, Division of Medical Education, and Division of Studies.

As previously noted, the Division of Studies (DS) was formed in 1923 to administer projects outside the specific programs and interests of the other sections of the RF (Rockefeller Foundation, 1923); the nursing program was part of this division. In 1927, the RF was reorganized, with the two boards of the RF becoming divisions and the Division of Studies being dissolved. The International Health Board was renamed the International Health Division (IHD). The nursing program was divided between the IHD and the Division of Medical Education (DME). Public health nursing went to the IHD and nursing education went to the DME (Beard, 1930). Following the reorganization, Beard was appointed assistant to the director of the DME. In 1931, the nursing program

activities administered within the DME was transferred to the IHD. Beard was promoted to the position of Associate Director of the IHD in 1931 (Beard, 1936). Farley (2004) reported that Beard was the only female promoted to this level within the RF, and she remained in this position until her retirement from the RF in 1938.

Although Beard progressed within the RF, it was not without some difficulty; the following section discusses how Beard advocated for a place within the RF. First, as special assistant in the DS, she negotiated her salary and argued for a more direct sphere of influence. Beard also shrewdly negotiated her promotion to Associate Director of the IHD, despite opposition from some of the IHD's male scientific trustees.

Beard Negotiates Her Work Space

In January 1926, during her first month as special assistant, Beard was charged with managing the RF nurse fellowship program; this appears to be at the suggestion of Frances Elisabeth Crowell: "With reference to policy regarding fellowships and FEC's suggestion that all business connected with the nurse fellows program be carried on through MB" (Beard, Officer Diary, January 28, 1926, p. 16).

Beard noted in her diary entry that she was agreeable to this, as was George Vincent, the president of the RF:

GEV believes, and MB is in entire agreement with him that it will be best for MB to act as assistant to Dr. Wells in relation to the fellows, Dr. Wells securing from her any value which her special knowledge of nurses and nursing may have to offer. (Beard, Officer Diary, January 28, 1926, p. 16)

In June 1926, Embree recommended Beard for a regular staff appointment and noted in his officer diary that she was interested in taking the position. However, Embree

informed Beard that she would not be managing the RF nursing field staff; as Embree stated:

Relations of the central office to work in the field—not proposed to create a hierarchy in nursing education—the person in the N.Y. office would not be superior to persons in the field but simply an associate on equal status with them. (Embree, Officer Diary, June 2, 1926, p. 63)

Embree also emphasized to Beard that a regular staff post was not permanent but subject to yearly reappointment or discontinuance. Beard also informed Embree that she would not accept a salary less than what she was receiving 2 years ago in Boston at the IDNA. Embree reported that salary was an important item to Beard because “she has a sister entirely dependent upon her and other relations who look to her for some support” (Embree, Officer Diary, June 2, 1926, p. 64). A few weeks later, Embree noted in a diary entry that he again broached the subject of Beard taking a regular staff position; Beard informed him that she would consider the offer and tell him her decision in the autumn (Embree, Officer Diary, June 18, 1926).

However, in July 1926, it was clear that Beard had declined Embree’s job offer. Beard sent two letters (both written on the same day) to Raymond Fosdick (a trustee of the RF and future president), giving her reasons for turning the appointment down. Beard had concerns regarding the way the New York Office of the nursing program was being run; Beard stated:

Nursing is involved in the Rockefeller Foundation program at many points. Medical education cannot advance without nursing education. Public health programs cannot be carried far without the public health nurse. Public health and medical education must lose an essential element for making wise programs unless the nursing aspect is regularly presented and considered. In Europe the Division of Medical Education, Doctor Gregg, the International Health Board, Professor Gunn, and the Division of Studies, Miss Crowell, have achieved without formal organization so close an inter-relation that this end is secured. In

the New York office there is no such assurance. (M. Beard to R. Fosdick, 1926, p. 1)

Beard reported that currently, the nurse in the New York office had no access to the Budget Committee and nursing matters were presented by Embree. Beard wrote:

All nursing matters are presented by the Director of the Division of Studies, whose other responsibilities preclude the detailed attention to nursing education needed in the Budget Committee. Moreover a technical knowledge of nursing and a considerable experience of the nursing field, such as can only be acquired by a nurse, should, it seems to me, make these discussions more intelligent and effective. (M. Beard to R. Fosdick, 1926, p. 2)

Beard also stated that there was no nursing representation at the Board meetings of the DS, GEB, and IHB. Beard reported that she recently visited schools of nursing connected to medical schools who were receiving funding from the GEB; she added that she gained valuable information that would be of importance to the Director of the GEB and indirectly to the Director of the IHD. As Beard wrote, 'And yet there is no organized route by which this information may be made practically useful in enlarging or modifying the present or future programs represented by these officers' (M. Beard to R. Fosdick, 1926, p. 3). Beard continued to make her case:

Nor is it only that accurate information about nursing is needed in Rockefeller Foundation discussions, but it seems to me equally true that the Rockefeller Foundation may be losing a valuable opportunity for constructive work in nursing education in that, through having no nurse representative regularly present, the wealth of experience within the D.M.E., the G.E.B., and the I.H.B. is not available. This experience, (and I ought also to include that of the China Medical Board) so closely related to the needs of the public for better health facilities, might be an important element in helping establish a more rational educational plan for nurses than the confused methods now prevailing. (M. Beard to R. Fosdick, 1926, p. 3)

Clearly, Beard's argument resonated with Fosdick, her concerns were addressed, and Beard accepted the position offered to her. The following year at the termination of

the DS, Beard was appointed the assistant to the Director of the Division of Medical Education on April 1, 1927 (Beard, 1936).

As assistant to the Director of the DME, Beard's responsibilities were described thus:

MB to be prepared in a general way to furnish information and act as adviser on general nursing problems, to keep in touch with nurse leaders and organizations and changes in policies and opinions in the several fields of nursing, but with special interest in the field of public health nursing rather than of bedside nursing.

In connection with the above, occasional appropriations may be made to aid investigation, survey, and studies under national and other nursing organizations. (Rockefeller Foundation, 1928, p. 2)

Several scholars have noted that the RF nursing program was relocated numerous times to different divisions of the RF (Abrams, 1993; Farley, 2004; Lapeyre, 2013; Vickers, 1991). The final relocation of the nursing program took effect in 1931, and the ground work for the transfer was conducted late in 1930, with nursing activities transferred from the DMS to the IHD beginning on January 1, 1931.

Frederick Russell, the Director of the IHD, wrote to Beard in September 1930 informing Beard that he would like to meet to discuss opportunities for her to work with the IHD. He stated that he has been thinking about this proposal for some time and had already spoken with Max Mason (president of the RF) who was in agreement with Russell's proposal (F. Russell to M. Beard, September 19, 1930, p. 1).

Beard responded favorably with a handwritten note:

Your letter has only just arrived here and I am writing at once to say that my association with you in these few years makes me much interested in your suggestion that I should work more closely with you in the future. It pleases me that you want me to do so and I am looking forward to talking with you about it when I get here next week. (M. Beard to F. Russell, September 26, 1930, pp. 1, 2)

Despite Beard's initial enthusiasm at the prospect of working for the IHD, it appears that she was not willing to take the position offered to her following a vote by the IHD Scientific Directors at their October 14 meeting:

Thank you for sending me a copy of the vote, passed by the Scientific Directors at their recent meeting, to offer me a position as Field Director of the International Health Division for the year 1931. I am appreciative of the confidence expressed by this action, and am sorry that I cannot accept the position. (M. Beard to F. Russell, October 17, 1930, p. 1)

Beard then expressed her reasons for not accepting this position. She thought that the nursing program could not be properly performed under the proposed administrative plan and stated:

The officer representing nursing in New York must be safeguarded in her approach to you and unimpeded in her work in exactly the same way as other members of your New York staff are safeguarded. The position of Field Director in the New York Office would not, in my opinion, carry with it the necessary freedom from friction. (M. Beard to F. Russell, 1930, pp. 1, 2)

Beard continued that all decisions in regard to the European program in nursing were made by Russell, but she believed that recommendations for this program, as well as for all other nursing projects, should be made by the officer who represented nursing in the New York Office. Beard thought that she would not be able to do this as the Field Director in the New York office, stating:

I hope that you know me well enough to believe that I do not care what title the position I am holding carries with it. In considering a new position I must, however, be able to believe that there will be no conditions which would prevent me from doing my work honestly and harmoniously. I know that I could not do so in the position of Field Director. (M. Beard to F. Russell, October 17, 1930, pp. 2, 3)

It was then left to Russell to advocate for Beard to be appointed as an Associate Director to the IHD. He wrote to the Scientific Directors requesting an informal action to propose that Beard be appointed Associate Director of the nursing program. In addition to

being the Director of the IHD, Russell was also the Secretary of the IHD Scientific Directors Board. The board was comprised of six members: Chairman Rufus Cole; Wade Frost; C-E. A. Winslow (Professor of Public Health, Yale Medical School); Eugene Bishop; Louis Dublin, statistician vice president of the Metropolitan Life Insurance Company; and Wilson Smillie (Farley, 2004).

Beard (1936) eventually prevailed in being appointed Associate Director of the nursing program. However, the reaction from the Scientific Directors when confronted with Beard's rejection of their initial job offer and her request for the position of Associate Director was varied, with some Scientific Directors opposed to the appointment and some displaying ambivalence. The following is a discussion of their responses.

Russell notified all the Scientific Directors that Beard had declined the position in the IHD; he requested that they vote on an informal action to approve and appoint Beard as the Associate Director with the IHD. He informed them that if they did not want to vote informally, then a formal meeting for the purpose of considering the minute could be called.

In a letter to Rufus Cole, scientific director and the director of the hospital of the Rockefeller Institute, Russell explained that Beard thought it was necessary for her to have "full equality in the New York office with my other assistants" (F. Russell to R. Cole, October 20, 1930, p. 1).

Russell continued: "I have no objection to giving her full equality in rank with my other assistants, and recommend that it be done" (F. Russell to R. Cole, October 20, 1930, p. 1). Russell informed Cole that this matter should be addressed expediently, as

Beard's contract with the DMS ended on December 31, 1930 and he was postponing the action on the appointment of the other three nurses with the DMS until the matter was resolved.

A positive response was received from the scientific director, Wilson G. Smillie, Professor of Public Health Administration at Harvard University. Smillie informed Russell that he had signed the copy of the recommendation for the appointment of Beard, adding that he did not think it necessary to call a special meeting to discuss the matter. "If you wish to recommend that Miss Beard be given a rank equal with your other assistants in the home office, then I feel that this should be done" (W. G. Smillie to F. Russell, October 22, 1930, p. 1).

The response that Russell received from Wade Frost, scientific director and Professor of Epidemiology at Johns Hopkins School of Hygiene, was not in agreement with Beard's appointment. Frost informed Russell that he was not prepared to vote on the proposal to appoint Beard as an Associate Director because the DMS was transferring their public health nursing program to the IHD and had not yet developed an administrative policy for these new public health nursing activities. Frost reminded Russell that he had suggested at the last Scientific Director's meeting that Beard and the other nursing staff be appointed as special members to the IHD pending the development of the administrative policy.

Russell responded to Frost, stating that "It is evident that your reason for refraining has nothing to do with Miss Beard's qualifications, but is due to the fact that you think there should be some discussion of a public health nursing program and some

decision about it before any personnel is appointed” (F. Russell to W. Frost, October 31, 1930, p. 1).

Russell reported that at previous Director’s meetings, there had been discussions regarding the transferring of the nursing activities from the DMS to the IHD and there had been no opposition to the IHD taking over these nursing activities. Russell stated that the public health nursing program activities were not complex; he explained the program thus:

The public health nursing for us has two aspects,—one is the education of public health nurses, the other is the use of public health nurses in central and local health departments. The nurse members of our staff would inspect and make recommendations to the responsible government officials upon whose request any survey would necessarily be made, to the regional directors, and to me. If the recommendations required the appropriation of funds or other action by the Scientific Directors, each individual project would come before the Directors at a regular meeting. We would have no direct activities in nursing whatsoever. Our activities would be confined to giving advice and making appropriations, including of course fellowships in nursing. (F. Russell to W. Frost, October 31, 1930, p. 2)

Russell concluded the letter by stating that Frost should notify him if he thought that the nursing program should include additional or different activities than the ones he described in the letter.

Frost reported that he did not remember the informal discussions regarding the nursing program at the previous Directors’ meetings and also stated that he had no suggestions to offer for the inclusion of other activities within the nursing program. Frost noted that it appeared that the proposed nursing program was essentially a continuance of what had been carried on in the DMS.

Doubtless if I were more familiar with the work in that Division, I would have a much clearer idea of what is implied in the transfer. Is there any publication to which you can refer me for an informative review of this work under the Division of Medical Sciences? (W. Frost to F. Russell, November 6, 1930, p. 2)

Russell responded to Frost by reiterating that the nursing program was not complex:

The questions regarding the policy as I stated in my last letter, seem to me extremely simple. It will be our policy to deal with the education of public health nurses and to aid in the wise use of public health nurses in official public health activities. (F. Russell to W. Frost, November 7, 1930, p. 1)

Russell stated that the extent of the nursing program activities should not be considered apart from its setting in the general public health program. The activities would be dependent upon the need of that particular country or region: “that in general our effort should be in each country to have a coordinated program suitable for that country, including as much or as little nursing as was necessary to the successful carrying out of the larger program” (F. Russell to W. Frost, November 7, 1930, p. 1).

Russell also confirmed that Frost was correct in his assumption that the nursing program would essentially be a continuance of the activities conducted by the DMS; he stated that he was in the process of preparing an abstract of these activities and would send Frost a copy before the next Directors’ meeting. Concluding the letter, Russell stated that he thought he has now clarified Frost’s questions and asked if Frost would now be willing to vote on the proposal to appoint Beard as an Associate Director.

Frost responded to Russell a few days later and thanked him for clarifying his questions; he reported that he now had a greater understanding of the public health nursing program and its aim. Regarding the question of voting on the proposal for Beard’s appointment, he stated:

Referring to the resolution which is submitted for action, if it has been approved by all the other Scientific Directors, I shall be glad to add my approval to make the action unanimous. If however, the action of the other Scientific Directors is not unanimous, I still prefer to refrain from voting at this time but with entire willingness to accept any action taken by the majority. (W. Frost to F. Russell, November 11, 1930, p. 1)

It appears that Frost was still not comfortable voting in favor of Beard's appointment unless the other scientific directors were also in agreement with the appointment.

Another scientific director who was reluctant to sign off on Beard's appointment was E. L. Bishop, Commissioner of Public Health for the State of Tennessee. Bishop acknowledged receiving Russell's letter in reference to the appointment of Miss Beard (informal action minute recommending Beard be appointed Associate Director). Bishop did not appear to be in agreement with the recommendation. This researcher did not find a clear explanation for why Bishop was not in agreement with Beard's appointment; he stated, "administrative difficulties will arise because of the mixture of geographic and functional organization" (E. L. Bishop to F. Russell, October 25, 1930, p. 1).

I should like to again emphasize that this belief is not to be construed as related to the ability or any individuals nor the relations of one individual with another, nor is it related to any belief on my part that nursing personnel should be subordinate in relation to an administrative organization. (E. L. Bishop to F. Russell, October 25, 1930, p. 1)

Russell responded to Bishop explaining that the Associate Director of the nursing program would possess expert nursing knowledge and:

inspect nursing activities either educational or public health in any region, and advise the regional director as to what in her opinion was the most advisable course to pursue.... Whether the advice on nursing was accepted or not would ultimately rest with the government with which the regional director is dealing.... Our activities are those of expert advisers without administrative responsibility to the public. (F. Russell to E. L. Bishop, October 27, 1930, p. 2)

It did appear that Bishop did vote for Beard's appointment as he stated in his response to Russell: 'am signing the minute in order that the difficulties of the immediate situation may be relieved and the work of taking over public health nursing facilitated' (E. L. Bishop to F. Russell, November 3, 1930, p. 2).

As previously stated, Beard was appointed to the position of the International Health Division (IHD) in 1931. This researcher surmises that Russell as the Director of the IHD had not anticipated any difficulties transferring the nursing staff from the DME to the IHD, and he assumed that the nurse leading the nursing program located in the New York office would make a lateral transfer with no change in job title. However, because the transfer of the nursing program was planned late in 1930 and because Beard refused to accept a lateral transfer, it meant there would be no qualified nurse to take the lead of the nursing program in the New York office. This situation would seriously hinder (if not derail) the work of the nursing program as there was no other nurse leader within the RF who could assume this role and it would be extremely difficult to recruit a nurse leader with Beard's knowledge, expertise, and experience from outside the organization. Beard shrewdly negotiated her promotion and advanced her sphere of influence within the RF while also highlighting to the Director of the IHD that the nursing program required an expert nurse to manage the program.

The following section is a case study that examines the work that Beard conducted in the first year of her appointment with the RF; it covers the time period December 1925 to December 1929. This case study focuses on the advisory role that Beard held within the RF and demonstrates the assistance she gave to a national nursing organization. Beard occupied a unique position within the nursing profession, providing expert opinion on nursing and healthcare matters to the Directors of the RF, providing advisory services to professional nursing and healthcare organizations as well as individual nursing and healthcare professionals.

The NOPHN's Request for Assistance

One of the first meetings that Beard held in her new role as Special Assistant at the RF in 1925 was with the President of the NOPHN. Beard was well acquainted with the leadership of the NOPHN, having sat on the organization's first board of directors from 1912 to 1914 and later holding the positions of vice president (1915-1916) and president (1916-1919) (Buhler-Wilkerson, 2001). The NOPHN supported the development of standards for practice and education in public health (Lewenson, 1993). Abrams (1992) noted that the RF had funded the NOPHN during their formative years beginning in 1918 when Beard was their president and this financial assistance allowed them to remain viable during a period of financial insecurity.

In December 1925, Elizabeth Fox, President of the NOPHN (and Director of the American Red Cross Bureau of Public Health), met with Beard to discuss the NOPHN's idea of conducting a study to identify the ability of public health nursing associations to offer clinical field experience to pupil nurses. The discussion focused on the issue facing schools of nursing and the difficulties they had in providing pupil nurses with the requisite public health clinical experience. The challenge she cited was in obtaining clinical experience in the care of well and sick children that was a requirement for pupil nurses to obtain state registration on graduation from nursing school (Beard, Officer Diary, December 10, 1925).

Fox sought Beard's opinion on whether she thought it was an appropriate study and if it was an area that the RF would be willing to fund. Beard noted that the Committee on Nursing and Nursing Education in the United States (commonly known as the Goldmark Report) identified this issue, but did not develop recommendations to

address the issue. Beard also reported that Goodrich (Dean of Nursing at Yale School of Nursing and a Goldmark Committee member) was in agreement on this type of a study as it would identify clinical community facilities for the teaching of pupil nurses. Beard informed Fox that she thought this would be a progressive step in nursing education, notably because it would allow early preparation of nurses in the field of public health nursing (Beard, Officer Diary, December 10, 1925). Beard also offered her support of the NOPHN conducting the study because the organization had previously successfully conducted a study of Nursing Visits financed by the Metropolitan Life Insurance Company. Fox proposed that the study would take approximately 2 years at a cost of \$20,000 (Beard, Officer Diary, December 10, 1925).

Later in the month of December 1925, Beard presented the NOPHN's proposal to George E. Vincent, the President of the RF. Beard remarked that there was a lengthy discussion between her and Vincent as to whether the NOPHN was in a position to conduct the study and the proposed methodology, and if it was desirable for the RF to finance it. Vincent made the suggestion to include the Commonwealth fund and the Milbank Fund in the funding of the study and stated that he would be agreeable to hosting a meeting between the philanthropic funds and the NOPHN (Beard, Officer Diary, December 30, 1925).

In January 1926, Fox wrote to Vincent requesting an appropriation from the RF to conduct the study and included an outline of the proposal to study public health organizations affiliated with schools of nursing. The proposal made the point that there were no recognized standards for affiliations between public health organizations and schools of nursing and, consequently, it was not possible to determine what public health

organizations were beneficial to the pupil nurses' education (E. Fox to G. E. Vincent January 19, 1926).

During a second office meeting between Vincent and Beard, Vincent suggested that an inter-office conference be convened between the NOPHN and the RF officers, with the objective of assessing if the study was of intrinsic importance. Vincent once again expressed the opinion that if the study were to go forward, it should be jointly financed by three or more of the philanthropic foundations (Beard, Officer Diary, 1926). Vincent wrote to Fox acknowledging receipt of Fox's letter and stated that while he would be glad to meet to discuss the NOPHN's proposal, it did not mean that the RF was committing to financing their study. Clearly, he did not want to get their hopes up (G. E. Vincent to E. Fox, January 28, 1926).

Prior to this second discussion with Vincent, Beard met with Katherine Tucker, the General Director of the Visiting Nurse Society of Philadelphia and the Chairman of the NOPHN's education committee on January 20. Tucker informed Beard that some members of the National League of Nursing Education were advocating the omission of public health nursing from the curriculum of schools of nursing. Beard was concerned by this news and commented that the public health experience was already a very small part of the pupil nurses' clinical experience—usually only 2 to 4 months in duration. Tucker also informed Beard that the coordination of the clinical experience between the schools of nursing and the public health nursing associations was poorly planned and executed. Tucker expressed her opinion that the study's recommendations would prevent the removal of public health nursing from the curriculum and lead to an improvement of the pupil nurses' clinical experience. Beard viewed the possibility of omitting public health

nursing from the curriculum as “unfortunate” (Beard, Officer Diary, January 20, 1926, p. 13), but noted that the National League for Nursing Education would not move forward with this recommendation while the NOPHN study was under consideration (Beard, Officer Diary, January 20, 1926).

On January 25, Beard had the opportunity to advocate on behalf of the NOPHN study to Richard M. Pearce, the Director of the Division of Medical Education. Beard informed Pearce that in her opinion, the omission of public health from the nursing curriculum would be detrimental to the pupil nurses: “it would be very bad for the immediate output of nurses from our schools, since it is the only glimpse of public health preventive work that they get” (Beard, Officer Diary, January 25, 1926, p. 15).

Pearce voiced the opinion that the elimination of the inadequate clinical experience in public health from the curriculum of schools of nursing might hasten the demise of the present system of educating nurses and bring about a better system (Beard, Officer Diary, January 25, 1926).

The discussion turned to the Yale University School of Nursing demonstration which was preparing student nurses in general hospital nursing and public health nursing at the university level. Beard pointed out that only 2 years out of the 5-year Yale demonstration had passed, and therefore it would be unwise to dismantle public health teaching in schools of nursing before the findings of the Yale demonstration had been finalized. Pearce’s response to Beard is not recorded (Beard, Officer Diary, January 25, 1926).

Beard wrote a letter to Fox on February 1, 1926. She was critical of the NOPHN's study outline submitted to the RF and recommended that the NOPHN clarify the aims of the study at the scheduled inter-office conference.

It is difficult for us to understand exactly what you see as (a) the possible recommendations likely to come out of such a study, and (b) how these would "serve as a basis of experimentation." (M. Beard to E. Fox, February 1, 1926, p. 1)

Beard concluded the letter by informing Fox that there would be no need for Fox to discuss the possible removal of public health nursing from the nurse training curriculum at the inter-office conference with the RF.

We have all talked over the influence that the study might have upon the curriculum of the National League of Nursing Education and we are all, I think, informed as fully as we can be without a general discussion in which you will take part. (M. Beard to E. Fox, February 1, 1926, p. 2)

Following the inter-office conference between the NOPHN and the RF in late February, it appears that Vincent and the officers of the RF were not convinced that the proposed study was of merit. In a letter Beard sent to Gertrude Hodgman, a member of the NOPHN Education Committee, she wrote that it was a pity Hodgman could not have been present at the inter-office conference and asked that Hodgman send her "good arguments" (M. Beard to G. Hodgman, February 24, 1926, p. 1) for conducting the study. Beard asked for a compelling example of how the study would help in future nursing development. Beard then made the case that the Yale nursing demonstration program would demonstrate that public health nursing should be included in basic nurse training; she also made the suggestion that the NOPHN should link their proposed study to the probable results of the Yale demonstration outcome.

In March 1926, Fox sent Beard a copy of her letter to Vincent and a detailed outline of the proposed study that he had requested which was written by Hodgman and Tucker; she thanked Beard profusely for her assistance. “Thank you a thousand times for your own interest. Needless to say we feel that our point-of-view has a much better chance of being understood with you there to interpret it” (E. Fox to M. Beard, March 15, 1926, p. 1). An inter-office memo from Beard to the RF officers (M. Beard to R. Pearce, F. Russell, March 17, 1926) stated that Vincent had informed Fox that, provided the chiefs of the RF divisions and boards agreed the study was worth doing, then the RF would bring together representatives of other philanthropic funds to divide the cost of the study (M. Beard to R. Pearce, F. Russell, March 17, 1926).

However, it appears that Vincent was unwilling to render a final decision to the NOPHN. He informed Fox that because the study fell within the domain of the Division of Studies and Director Embree did not return from the Far East until April 12, he was not prepared to give the matter further consideration until Embree’s return to New York. Vincent concluded he was still not certain that the RF would be able to make an appropriation to the NOPHN project (G. E. Vincent to E. Fox, March 25, 1926).

At the end of March, Beard sent a letter of encouragement to Tucker (Chair of the NOPHN education committee), informing her that Pearce had voiced his support for the study and that “Doctor Pearce’s opinion always carries much weight” (M. Beard to K. Tucker, March 27, 1926). Beard confided that she herself had only recently felt that the importance of the study was understood and confirmed that Tucker was correct in her assumption that Beard did not think the study outline demonstrated how interesting and important the project was. However, Beard believed that the study would be invaluable

not only in the future but immediately, and concluded that this was now of top priority for her and she had it at the top of her list to address with Embree on his return. There was nothing in Beard's diary entries or internal office memos to indicate why she changed her mind, although it could be surmised that having the head of the International Health Board's (Pearce's) support of the study may have been a factor in her change of opinion.

Beard did spend much thought on the NOPHN project and she responded to Tucker's request about why the outline of the study was not convincing. Beard reported that she found it difficult to communicate why she thought the outline was unconvincing. Beard noted that she then discovered that one of her colleagues (who was not named) was also unconvinced of the study's worth, and because of this, she composed an outline "which seems to embody the thing which personally convinced me of the real importance of the study" (M. Beard to K. Tucker April 10, 1926, p. 1). Beard enclosed the outline in her correspondence to Tucker.

Beard's outline was two pages in length and succinctly presented two points for proceeding with the study. She described them as a negative argument and a positive argument. Beard thought that the Yale nursing demonstration would demonstrate the advantages of teaching health and prevention throughout the entire duration of a nurse's basic education; however, the demonstration had 3 more years to run. Beard therefore proposed that in the interval, it would be deleterious to remove public health from the standard curriculum for nurse training schools; Beard labeled this the negative argument. The positive argument was that the results of the proposed study would demonstrate what

fundamental content and method of teaching were most effective in the education of student nurses (M. Beard to K. Tucker, April 10, 1926).

When Embree returned from New York in April 1926, he evidently thought the proposed NOPHN study was of value; he made a handwritten notation on a memo from Beard to the Officers of the RF, saying, “this interests me can we get other foundations to join with us?” (Beard, memorandum, April 5, 1926, p. 1). Vincent did organize a meeting with officers from three philanthropic foundations. The meeting took place at the Hotel Biltmore on April 20, 1926; representatives from the Milbank Foundation, Commonwealth Fund, and Carnegie Corporation, in addition to Vincent, Embree, and Beard, were present. Vincent presented the NOPHN’s request for support to conduct a study of public health education to undergraduate student nurses and the RF’s position that they did not want to assume the entire financial support of this project. The Commonwealth fund representative questioned the relationship of the proposed study to one being conducted by the League of Nursing Education in the field of general education of nurses. It appears that the RF could not answer this question and Beard was tasked with following up on this query and making a report (Embree, Officer Diary, April 20, 1926).

Three days after the meeting at the Hotel Biltmore, Vincent wrote to Fox informing her that the officers of the RF thought the proposed study was of merit, but they preferred to have financial support from several philanthropic organizations and not solely funded by the RF. Vincent informed Fox of the meeting that took place with officers from the other philanthropic foundations and that the suggestion was made that the study might be combined with the Committee on the Grading of Nursing Schools

because the effect would be more far-reaching and because the chances of obtaining financial support would be better (G. E. Vincent to E. Fox, April 23, 1926).

Tucker wrote to Beard in June that the RF's recommendations were presented to the NOPHN's Education Committee on May 15, 1926; the committee was agreeable with combining their study with the committee on the Grading of Nursing Schools and the NOPHN approached the Grading Committee and was awaiting their response. Tucker asked Beard if she thought it would be a good idea for the new President of the NOPHN to write to Vincent and inform him they are awaiting an answer from the Committee on the Grading of Nursing Schools. Tucker conveyed her concern that the RF would not defer action until after the summer because she was anxious to obtain personnel to conduct the study. Tucker ended her letter to Beard, "I hope you like your new role of being called upon to tell us all what we should do and how we should do it in these all important questions of rapprochement" (K. Tucker to M. Beard, June 7, 1926, p. 1). Beard was delayed in responding to Tucker because she was out of the office (visiting schools of nursing in the west of the country) and informed Tucker that she did not think there was much use in writing to Vincent (M. Beard to K. Tucker, August 4, 1926).

Further correspondence between the NOPHN and the RF on this matter was not found. However, in Beard's officer diary, there was an entry on May 2, 1926, documenting that Burgess (the lead investigator of the study) was sympathetic to the idea of connecting the public health study with the Grading Committee's study (Beard, Officer Diary, May 2, 1926). In a second diary entry on this matter dated October 5, 1926, Burgess informed Beard that it had been decided to leave the study of Public

Health Nursing Education until a later date because it appeared that this study was only a part of the larger study (Beard, Officer Diary, October 5, 1926).

Despite Beard's concerted efforts, the funding for the study remained unresolved and it is unclear what impact these discussions at the Rockefeller Foundation may have had on the public health nursing community. However, it did demonstrate the difficulties that a professional nursing organization had in finding funding to improve public health nursing, even with the assistance of a recognized public health nurse leader who worked for a philanthropic foundation engaged in the improvement of public health work.

Conclusion

This chapter discussed Beard's appointments and overall work conducted at the Rockefeller Foundation (RF). It also described how she successfully negotiated a professional work space in which to further an agenda to elevate the standards of public health nursing and nurse education.

Moreover, the chapter examined a case study of the work that Beard conducted during the first year of her tenure with the RF that demonstrated her ability to provide expert advisory services to a professional national nursing organization.

Beard worked in a male-dominated work environment and her direct managers were men. The RF reorganized twice during Beard's tenure and on both occasions she was offered lateral transfers. Although Beard initially demonstrated enthusiasm for the job offers, after a period of reflection she turned each one down and advocated for positions that would allow her direct access to the RF leadership so that she could advocate for nursing programs while also providing the RF with expert nursing opinion.

On both occasions, Beard presented written detailed arguments for the necessity of having a nurse expert being afforded the same responsibility and access as RF officers who worked in other fields. Beard succinctly highlighted the importance of public health nursing and the role that it occupied in the success of the RF's public health programs. Beard argued that the public health programs would only be successful if an interdisciplinary approach was utilized; nursing was just as important as medicine and one discipline could not successfully contribute to public health work without the other.

Beard understood the value of having a nurse present directly to the RF leadership on nursing matters, as opposed to having the information presented secondhand by a member of the medical staff. It could be argued that Beard made nursing visible to the RF leadership, demonstrating that nursing was not subordinate to medicine but a distinct profession. Therefore, only an expert nurse representative was qualified to inform and update the RF officers on current nursing issues, advances, and changes in policies.

Because nursing was a predominantly female profession (the majority of nursing schools did not accept male applicants), a case could be made that the male officers had not accorded nursing with the same respect that it would have as a profession composed of men. As previously noted in Chapter IV, Farley (2004) made the point that some officers of the Health Board considered nursing inferior to the medical profession.

Several of the scientific officers did oppose Beard's appointment to the position of Associate Director. However, when Russell was faced with the prospect of Beard's resignation and having no qualified person to replace her, he probably realized just how important the nursing program was to the overall RF public health programs. Beard successfully advanced her sphere of influence within the RF and also highlighted the

necessity of according the person managing the nursing program the same authority as the other RF Associate Directors.

Chapter VI

A VISION FOR A SCHOOL OF NURSING

This section examines and analyzes the role that Mary Beard played in assisting Kathleen Russell, the Director of Public Health Nursing at the University of Toronto, to obtain Rockefeller Foundation (RF) funding for the establishment of an independent school of nursing affiliated with the University of Toronto. The task that faced Beard and Russell not only encompassed the creation of a school but also securing the school's sustainability. This work took approximately 10 years to accomplish, initiated when in 1928 Russell approached Beard with an informal request as to the RFs possible interest in assisting to fund an independent school of nursing. While the initial funding for the creation of a school of nursing was obtained from the RF in 1932, the school's sustainability was not guaranteed until the RF granted the school an endowment in 1938.

This story illustrates the difficulties of building consensus among stakeholders and highlights how Beard and Russell navigated the competing interests and agendas of the institutions and individuals involved to attain their goal. This story is primarily told from the examination of Beard's officer diary and the correspondence between Beard and Russell. These documents demonstrate the development of a professional and social relationship between Beard and Russell. Previous authors (Farley, 2004; Kirkwood, 1994) have discussed and analyzed Russell's work in the creation of the School of

Nursing at the University of Toronto and acknowledged the assistance that Beard gave to Russell. However, this researcher argues that without Beard's considerable assistance and mentorship, Russell's quest for RF funding would not have been realized.

Kathleen Russell and the University of Toronto

After the World War I, the Canadian Red Cross Society became engaged in the public health movement and sponsored postgraduate public health nursing courses in several Canadian Universities. Kirkwood (1994) noted that the involvement of the Canadian Red Cross Society in public health nursing was stimulated by the need for nurses to work in the community addressing the healthcare needs of women and children. Federal health departments had expanded their services into the community following the influenza epidemic of 1918, and it was now acknowledged that nurses played a vital role in preventive health and teaching.

The Department of Public Health Nursing at the University of Toronto was sponsored by the Canadian Red Cross Society for 3 years with the understanding that at the end of this period, the University could decide if it wanted to keep the program or disband it. The department was established in 1920 and Kathleen Russell was appointed the director (Farley, 2004; Kirkwood, 1994).

Kathleen Russell was born in Nova Scotia in 1886. She attended the University of Kings College Windsor in 1904 where she was awarded the Governor General's gold medal for the attaining the highest mark in the examination for the Bachelor of Arts degree. Russell then completed a 2-year premedical course at the University of Toronto

and entered the Toronto Medical School in 1906, only having to withdraw a year later in 1907 because she contracted tuberculosis.

Russell then returned home to Nova Scotia to recuperate and stayed there for the next 7 years. In 1915, Russell entered the Toronto General Hospital School for Nursing and graduated in 1918 with the highest grades in her class. She then completed a 1-year Social Services course at the University of Toronto and took a position in the Toronto Public Health Department where she supervised visiting nurses making home visits before being appointed as the Director of Public Health Nursing at the University of Toronto (Farley 2004; Kirkwood, 1994).

At the end of the Canadian Red Cross funding in 1923, the university agreed to continue the public health course and the department was offered classroom space within the University's School of Hygiene (Farley, 2004; Kirkwood, 1994). The RF had financed the University of Toronto's School of Hygiene and this link to the RF probably led to its request to host the Rockefeller nurse fellows for the public health nursing course.

Thus, Russell's relationship with the RF began in 1923, with her agreeing to the admission of Rockefeller nurse fellows into the public health nursing course. In 1925, Beard began her tenure at the RF and her work as a Special Officer at the Division of Special Studies included coordinating and organizing the nurse fellowship program in North America. This work brought her into contact with Russell, the Director of Public Health Nursing at the University of Toronto.

1927: An Experimental Approach

Beard went to Toronto in the spring of 1927, primarily to arrange and assess clinical practice sites for the International Health Division's (IHD) nurse fellows and to give a talk to the Ontario Nurses Association. During the course of her visit, Beard met with Canadian nurse leaders who included the Chairman of the Nurses Association of Ontario, the Superintendent of the Victorian Order of Nurses of Canada, and Kathleen Russell who was the Director of Public Health Nursing at the University of Toronto (Beard, Officer Diary, 1927).

Beard's discussions with these nursing leaders gave her insight into the current state of public health nursing and education in Canada and helped her form an opinion of what assistance was needed to promote Canadian public health nursing and the education of public health nurses. Beard noted that the Victorian Order of Nurses in Halifax assisted and helped teach the medical students but did not teach the undergraduate or postgraduate nurses. The information that Beard obtained from this visit prompted her to formulate a plan to recommend and extend RF nursing fellowships to several Canadian nurses on her return to the RF New York offices (Beard, Officer Diary, April 30, 1927).

Beard delivered her talk to the Ontario Nurses Association on the topic of nursing in Europe, including a description of a hospital in Florence, Italy that did not have any nursing service. The talk also included descriptions of nursing service in Eastern Europe (including Poland, Yugoslavia) as well as Austria and France. One surmises that Beard's description of the current state of nursing in Europe demonstrated the need for the RF foreign nursing fellowship program and also emphasized the important role that the

Canadian public health nurses played in the development of nursing services in postwar Europe by hosting the nurse fellows in Canada (Beard, Officer Diary, April 30, 1927).

During Beard's Toronto visit, she noted that she had supper with Russell and her family and then had a long discussion with Russell on the organization of nursing education within the University of Toronto. By this time, the Department of Public Health Nursing at the University of Toronto had expanded to include the 4-year undergraduate diploma course, which included both hospital and public health training. The student graduated with a diploma in public health nursing and a diploma in hospital nursing from Toronto General Hospital (Farley, 2004).

The Department of Public Health Nursing fell under the jurisdiction of the School of Hygiene; however, Beard remarked that "Dr. Fitzgerald, Director of the School of Hygiene did not assume responsibility for the Department of Public Health Nursing" (Beard, Officer Diary, May 1, 1927, p. 51). This comment might indicate that Russell had full autonomy for the day-to-day operation and organization of the department without interference. However, this researcher did not find documentation to support this. Russell informed Beard that there was a need for a course to educate nurses in the principles of teaching and administration. Russell asked Beard if she thought that all nurse education, including graduate and undergraduate, general nursing and public health, should be under one school of the University. Beard noted that she thought it should be and stated, "However, no upset of present organization with the School of Hygiene will take place for the year at least" (Beard, Officer Diary, May 1, 1927, p. 51). This discussion allowed Russell to explore and engage Beard's potential support in establishing a school of nursing at the University of Toronto.

In November 1927, Beard returned to Toronto to assess the IHD nursing fellows' progress in their courses at the University of Toronto and in their clinical field placements. During this visit, Beard spent a Sunday with Russell at Oakville, a lakeside town, to discuss nursing developments in Toronto and Toronto University. Beard remarked how valuable it was to have had an uninterrupted day devoted to the discussion. In Beard's diary entry for Sunday, November 6, 1927, she summarized the discussion. Beard once again noted that Dr. Fitzgerald, the Director of the School of Hygiene, remained extremely interested in the Public Health Nursing Department, "but disclaims responsibility for it" (Beard, Officer Diary, November 6, 1927, p. 161). Beard reported that the students admitted into the undergraduate dual-diploma course were high school graduates; this was an important distinction because Reverby (1987) reported that in the 1920s and 1930s, approximately a quarter of trained nurses in North America had one year of high school or less.

The students on completion of their first academic year were sent to Toronto General Hospital for general hospital training. The teaching they received in the hospital was not under the control of Russell; however, she did have a written agreement with the hospital that stipulated the students' clinical practice areas. As a result of this agreement, there were surgical, medicine, and obstetrics placements at Toronto General Hospital and 2 months at the sick children's hospital, the tuberculosis hospital, and the communicable disease hospital. Beard noted that this was not a satisfactory situation and Russell was planning to hire an instructor to teach the students clinical nursing that would correspond to their lectures. Employing a clinical instructor would increase the control that the Public Health Nursing program had over the education of the students.

Beard reported that Russell had not yet requested the University to grant degrees to the student nurses. Russell explained to Beard that she wanted to develop and experiment with the nursing courses and that the students upon graduating from the diploma program should then pursue a degree from one of the colleges of Toronto University. Beard noted, ‘She sees unusually clearly it is not possible to look for any real equality nor to assume that nursing has taken its place equally, from an academic point of view, with other professional preparation’ (Beard, Officer Diary, November 6, 1927, p. 162).

New courses in nursing administration and teaching for nurse leaders were in the planning stage and would be organized under the University Extension Department the following year. However, Beard thought that these new courses ought to be placed within the nursing program. Beard’s expectation was that a School of Nursing would be established at Toronto University with Russell as the Dean or Director of the school by the end of 1928. In actuality, the School of Nursing at Toronto University was not established until 1933 (Kirkwood, 1994). Russell shared with Beard the specific resources that she would need in order to establish the school. This included the addition of clinical practice sites in the hospital and community (rural and urban) settings and at least two more clinical instructors. Russell acknowledged that negotiating with the University and Toronto General Hospital for additional resources “will require time and careful handling” (Beard, Officer Diary, November 6, 1927, p. 163). It appears that Russell’s major concern in this matter was to strengthen and preserve relationships with the key local stakeholders whose support was crucial to the establishment of the nursing school at Toronto University.

Beard reported that Russell thought the best approach at this time was not to ask for major financial support from the RF, but to ask for small grants to cover the clinical instructors' salaries when the new clinical practice sites opened. The justification was that the new clinical sites would be utilized as teaching fields for the RF fellows. This was an example of how Beard and Russell demonstrated a shrewd approach to a complex situation. Beard recognized that the RF had to be nuanced in how it worked with the stakeholders (Toronto University, Toronto General Hospital, and the local health department). A strategic investment of small funds from the RF that met the clear immediate needs of the Public Health Nursing Department could have a greater impact than a request for a large grant explicitly for the establishment of a school of nursing.

Back in New York on November 29, 1927, Beard had a meeting with Dr. Richard M. Pearce, who was the Director of the Division of Medical Education; Beard made a notation in her officer diary that she had not given a sufficient explanation of the undergraduate nursing course that was being run under the direction of Kathleen Russell at the University of Toronto. In addition to providing an overview of the course, Beard stated, "It must be understood that this experimental course is entirely separate from the regular course for graduate nurses to learn public health nursing at Toronto University to which we send so many of our foreign fellows" (Beard, Officer Diary, November 29, 1927, p. 179). Judging from this statement, it appears that Pearce was unaware of the existence of this undergraduate course.

Beard explained that the undergraduate public health nursing course at the University of Toronto was an experimental course and it was not the same as the undergraduate nursing course at Yale University. The course at Yale University differed

in three distinct ways: entrants were required to have completed 2 years of college, the course conferred a degree, and the graduates were expected to become leaders in nursing education. By contrast, the students at the University of Toronto who were high school graduates did not receive a degree on completion of their studies and were prepared for rank-and-file positions within public health (Beard, Officer Diary, November 29, 1927).

It is interesting that Beard emphasized to Pearce that the students at the University of Toronto were prepared for the rank and file as this was counter to RF policy with regard to financial support of schools of nursing. Edwin Embree, Director of the Division of Studies, in an office memorandum to George Vincent, President of the RF, stated, ‘In considering aid which we may give I think we may regard ourselves in nursing as in medicine and health, to have no obligation to try to supply the rank and file of any profession’ (E. Embree to G. E. Vincent, August 29, 1925, p. 2). Embree made the case for the RF to give financial support to schools who prepared nursing leaders and teachers.

I think we would be entirely justified in reserving our assistance to a few “light houses”, to the occasional school that is about to make a real contribution by its influence and by the leaders and teachers of other schools which it may turn out. (E. Embree to G. E. Vincent, August 29, 1925, p. 2)

In other words, Embree was advocating for the establishment of a group of model schools of nursing that would develop and demonstrate innovative ways of educating nurses—a template that other countries could follow when setting up their new schools of nursing.

1928: The Initial Request

In May of 1928, Russell visited New York City; according to Beard’s diary entries, the primary reason for Russell’s visit was to receive medical attention. “She will

enter Medical Center where Dr. Allan Whipple will perform major surgical operation. MB is her nearest friend in town and promises to be present at the operation and communicate with Miss R's family in Toronto afterward" (Beard, Officer Diary, May 28, 1928, p. 38).

During this visit, Russell had the opportunity of meeting with Pearce at the RF offices to discuss the future of the nursing courses at Toronto University. Russell brought the prospectus for the new hospital administration course for Beard's and Pearce's review. Russell was pleased to report that she had gained the support of a former critic of nursing education in Toronto, a Professor Duncan Graham (Beard, Officer Diary, May 22, 1928).

Beard and Russell spent a morning in Central Park and discussed the nursing situation in Canada and the current RF nursing fellows attending courses at Toronto University. Russell shared the experiences that she had gained from serving on the National Canadian Committee on Nursing Education. Kirkwood (1994) reported that this committee was established in 1927 in response to the changes taking place in Canadian healthcare services. Russell informed Beard that she had been apprised of the nursing needs in a large city hospital (Montreal) and a small rural town (Peterborough) by their respective Medical Officers. She concluded from these reports that the differing needs of urban and rural nursing services would not be resolved by a single solution in nursing education (Beard, Officer Diary, May 24, 1928). Kirkwood (1994) concluded that Russell's time as a member on this committee helped to shape her stance on nursing education. Given that the apprenticeship model of nurse training was now inadequate in

the preparation of nurses and an independent school of nursing, it was therefore the most appropriate direction to take.

During the discussion in the park, Beard explained to Russell the policy of the Division of Medical Education as it related to endowments granted to institutions of higher education. The proposed school must support the needs of Canada. Funding would be contingent on securing support from Toronto University and the provincial government. Brown (1979) noted that RF policy dictated that RF funding recipients find matching funds, the rationale being that it would encourage the sustainability and, therefore, the success of the program. Beard recommended that when Russell was ready to request funding for a school of nursing, she should send a letter to Beard that would serve as a basis for a conversation with Pearce. Beard informed Russell that Pearce would be open to an informal discussion at any time; however, Beard thought that time would be saved by following her proposed strategy (Beard, Officer Diary, May 24, 1928).

In October 1928, Russell submitted to Beard an outline for a school of nursing organized within the University of Toronto. Russell asked for Beard's and Pearce's informal consideration and reported that she was willing to present a formal proposal when Beard considered it advisable to do so (K. Russell to M. Beard, October 23, 1928).

Russell proposed that the school be organized within the University of Toronto and affiliated with certain hospital schools. Russell stated three objectives for the proposed school, including to prepare teachers for the hospital schools of nursing and to prepare nurses for specialties not provided for in hospital nurse training schools such as public health nursing. The third objective was to establish a learning environment for the study of educational nursing problems. Unfortunately for Russell, Beard responded via

letter that the proposal had arrived at the RF offices at a particularly busy time and Pearce was currently unable to review it. The proposal would be placed on hold pending later review (M. Beard to K. Russell, October 31, 1928).

1929: Rallying Support

Beard kept her word to Russell, and 6 months later in May 1929, Beard wrote an inter-office memorandum to Richard Pearce, Director of the Division of Medical Education, and Frederick Russell, Director of the International Health Board, setting out the reasons why the RF should support the establishment of a school of nursing at the University of Toronto. Beard's report included a current assessment and description of the school of nursing and she attached the proposal that Russell sent to her in October 1929 (M. Beard to R. Pearce and F. Russell, May 15, 1929).

Beard reports that the RF sent 60 RF foreign nursing fellows and four American nursing fellows from 1923 to 1928 to complete the public health nursing course at the University of Toronto. The reason for utilizing the services of the Public Health Nursing department is in part because of an innovative Director (Russell) and her exceptional teachers. Beard highlighted the cooperative relationship that Russell and her staff cultivated with the Toronto hospitals, the City of Toronto Public Health Department, and the Toronto Social Service Departments (which provided the clinical sites for the nursing students). Beard explained that while there had not been an explicit promise that the RF would help to establish a school of nursing at Toronto University, it had been implied by the granting of RF fellowships to the nurse teachers at Toronto University.

Beard advanced her case by stating that the logical next step for the RF to take was to help establish progressive nurse education at Toronto, in part because of the gifts that the RF has made to Toronto. These gifts included \$1,000,000 given to the Medical School in 1921 and \$650,000 given to establish the School of Hygiene in 1924, along with \$50,000 for child research and parent education. Beard also reported that given the current Canadian health environment, there was a demand for the development of a nurse education center that Russell was proposing (M. Beard to R. Pearce and F. Russell, May 15, 1929).

A month after her inter-office correspondence to RF Directors Pearce and Frederick Russell, Beard wrote to Kathleen Russell in June, 1929. Beard informed Russell that the RF officers had recently considered Russell's proposal for the establishment of a school of nursing at Toronto University and they were in agreement with each other that this proposal should be thoroughly investigated. No doubt the officers' consideration to establish a school of nursing was prompted by Beard's inter-office correspondence in support of Russell's proposal. Beard informed Russell that the RF officers had requested a detailed presentation (M. Beard to K Russell, June 14, 1929).

Beard recommended that specific information should be included in the presentation and grouped her suggestions into three points, including a description of the relationship between the proposed school of nursing and the University, the stated purpose of the school, with a description of the preparation of nurses for public health nursing. Beard remarked that the RF would be interested in the development of experimental courses that would provide data for the study of educational issues related to nursing. The third point Beard recommended was that Russell further clarify points

one and two, including describing why Russell thought a student nurse could be prepared for public health nursing work within 3 years (M. Beard to K. Russell, June 14, 1929).

Beard also informed Russell that the RF's focus was on granting funds for educational purposes as opposed to funding infrastructure (buildings). Beard asked Russell to secure funds for building purposes from the University so that RF aid, if given, would not be used for securing infrastructure.

Beard concluded the letter with the following endorsement for Russell's plan:

In general I think you would like to have me say that I believe the time has now come when all those persons concerned with such a development as you have described at the University of Toronto should be enlisted to develop and present a comprehensive plan which could be considered by the officers after the summer is over. (M. Beard to K. Russell, June 14, 1929, p. 2)

In October 1929, Beard spent two days in Toronto ostensibly to meet with the proposed school of nursing stakeholders at the University of Toronto. Beard met with Dr. Fitzgerald, Director of the School of Hygiene at the university, and she remarked that he was extremely supportive of the development of a school of nursing affiliated with the University of Toronto. Dr. Fitzgerald suggested to Beard that if the RF did assist in the establishment of a school of nursing, then it should be announced in one of the Canadian nursing journals. Fitzgerald also informed Beard that the development of nursing education at McGill University was also needed and Beard commented that Fitzgerald gave her a general summary of nursing educational needs in Canada (Beard, Officer Diary, October 8, 1929).

Beard wrote briefly of meeting with Sir Robert Falconer, the president of Toronto University, and Mr. Dunlop, the director of the extension courses at the University, under

whose department the postgraduate work for teachers of nursing was placed. Beard reported that Falconer informed her that he knew very little of nursing.

A meeting with Dr. Graham, professor of medicine, yielded more information on the nursing situation in Canada. Graham reported that he was concerned about the difficulties of recruiting adequately trained nurses. Graham stated that he was able to identify an improved development of graduate courses for both teachers of nurses and public health nurses, but had difficulty identifying methods that could be employed to educate undergraduate students.

At a dinner meeting with some Canadian leaders of nursing, Jean Gunn, Superintendent of nurses at the Toronto General Hospital, suggested that certain wards at Toronto General Hospital might be removed from the control of the hospital nursing administration and given to the new school of nursing as a practice site for their students. Beard thought that separate wards under the control of the new school of nursing would promote cohesiveness and a common learning experience, which the undergraduate students from the public health nursing course currently did not have because “a small group of students, such, for instance as the four year group, becomes swallowed up in the large class connected with the Toronto General Hospital’ (Beard, Officer Diary, October 8, 1929, p. 95).

In a summary of the day’s events, Beard described the typical undergraduate student nurse in the public health nursing program and contrasted her to the student nurse attending the Yale School of Nursing:

In contrast to the Yale experiment, these under graduates are not leaders but represent a well selected group from the rank and file to be found in any of the Canadian provinces. They are the same “nice girls” who would be available for the hospitals of Canada if a more intelligent method of educating them were

provided. In other words, if these young women find that they are really taught to nurse patients well during the four years, that they are not employed to do so many things which have only a very direct bearing on the comfort and well being of the patient, there will be plenty of the right type of nurses available. (Beard, Officer Diary, October 8, 1929, p. 96)

Beard's statement demonstrated her endorsement of the education of all student nurses (not just elite students deemed to be potential leaders of nursing) within an independent school of nursing affiliated with institutes of higher learning, as opposed to the current model of apprenticeship schools of nursing run by hospitals with the primary focus of providing nursing care and not nursing education. Beard appeared to think that an improved educational model for student nurses would result in an improvement of the quality of nurses who were able to provide and meet the healthcare needs of Canadian society. Her description of the student nurses as "nice girls" (Beard, Officer Diary, October 8, 1929, p. 96) was perhaps code for belonging to the White middle class. Kirkwood (1994) noted that the education nurses received became a way of differentiating between nurses from the white middle class and those from the white working class. This researcher did find any information regarding Black nursing students.

The following day, Beard attended a morning meeting with Fitzgerald, Gunn, and Russell to formulate a plan that was acceptable to the University of Toronto and the RF. They decided that the plan they arrived at should stipulate that the school of nursing would be affiliated with the University of Toronto in the same way that other schools of the university were set up. The school would grant diplomas and, at a later date, students could work toward degrees granted by the University, or the University might recognize the work of the affiliated school of nursing and grant a degree (Beard, Officer Diary, October 9, 1929).

The group decided that the name of the school would probably be the Ontario School of Nursing and the board representatives would be composed of the Board of Education, Province of Ontario; Toronto University: the Provincial Nursing Association; the Provincial Medical Association and the Toronto General Hospital; and other area hospitals that would provide clinical practice sites for the students.

A building owned by the Province of Ontario located on the University grounds had been identified with a possibility that it could be leased for \$1 a year to the school of nursing. Beard reported that the University was supported by the Province of Ontario and, in the past, bonds had been issued to secure funding for affiliated university schools; she thought the same approach could also be a funding option for the school of nursing. Beard's expectation was that the plan would be sent to the RF shortly (Beard, Officer Diary, October 9, 1929).

However, back in New York on October 28, 1929, Beard was brought back down to earth when Pearce cautioned her not to regard the Toronto project as approved and finalized and to help manage expectations on the part of Toronto as to whether the RF would make a final commitment for funds (Beard, Officer Diary, October 28, 1929). There is no indication in Beard's diary as to why Pearce cautioned her in this way.

However, later that same year on November 13, 1929, the Trustees of the RF authorized \$350,000 of capital aid to establish a school of nursing at the University of Toronto. Because of delays in the negotiations between the University of Toronto and the Canadian Government, these monies for the endowment of the school of nursing were never made and the subject of an endowment to establish a school of nursing was discontinued (Rockefeller Foundation, 1938). Farley (2004) acknowledged that there

were many delays in the establishment of an independent school of nursing at Toronto and cited reorganization within the RF, the University, and the Canadian Government as playing a part in the slow progress of establishing a school of nursing.

1931: Bureaucracy at Work—A Temporary Setback

Two years later in November 1931, R. Falconer, the University President, wrote to the RF and acknowledged that Russell had informed him in September of 1930 that the RF was leaning in favor of providing funds to establish a school of nursing at Toronto if the Provincial Government of Ontario provided matching funds.

Falconer apologized for the University's delayed response and explained that due to changes within the Ontario Government and the difficult financial environment (one surmises that he was referring to the onset of the economic Depression of the 1930s), the University was not in a position to respond to the RF. Falconer reported that the Prime Minister informed him on November 12 that the Government was still considering the University's request for funding and they would receive an answer shortly. Falconer requested that the RF please wait a short time longer as the University expected a favorable response from the Government (R. Falconer to The Trustees of the Rockefeller Foundation, 1931). These bureaucratic delays in negotiations between the University and the Canadian Government caused the loss of the RF endowment. It is not possible to determine Beard's reaction to this loss because her next diary notation in reference to nursing education at the University of Toronto was not until June 1932, and this researcher did not find any correspondence between Beard and Russell discussing this subject.

1932: A School Is Established

Beard's diary entry of June 1, 1932 indicated that she received a letter from Russell informing her that the Provincial Government and the University had now completed their negotiations and they approved the formation of the new school of nursing. Russell informed Beard that she hoped the first RF payment would be made between July 1932 and July 1933. The RF did grant \$87,500 (Canadian dollars) for a 5-year period from July 1, 1932 to June 30, 1937 (\$17,500 a year) (Rockefeller Foundation, 1938). Beard noted that when negotiations started, the Toronto project fell under the Division of Medical Education; she stated that she was waiting for direction from Frederick Russell, the Director of the IHD, on which division should now administer this project. It should be noted again that further reorganization of the RF resulted in the public health nursing programs being transferred from the DME in 1931, where Beard was the Assistant Director of nursing programs, to the International Health Board, where Beard was promoted to the position of Associate Director.

Later in June, Beard received a letter of thanks from Russell, who acknowledged the role that Beard played in obtaining RF funding for the establishment of an independent school of nursing at Toronto. "Many many thanks. I realize how much we owe you: your interest and faith and patience have carried the thing through" (K. Russell to M. Beard, June 15, 1932, p. 1). The University officially accepted the RF's funding in a letter addressed to President Max Mason in July 1932 (F. A. Moure to M. Mason, July 16, 1932).

1933, 1934: The Opening of an Independent School

The organization of the new school of nursing started to proceed swiftly and Russell ensured that she kept Beard apprised of the progress. During a visit to the RF New York offices in September, Russell informed Beard of the progress that was being made in hiring new staff and the organization of the school (Beard, Officer Diary, September 22, 1932). Russell's letter dated June 10, 1933 updated Beard on the new facilities that had been acquired for the school (laboratory, lecture room, and library). Russell concluded the letter by stating:

Apparently it is (as you have thought) that there are young people and parents who are wanting this kind of a Nursing School. I had not thought that our people were yet quite ready for it and, as you know, I had expected that we might have difficulty about getting a class. (K. Russell to M. Beard, 1933, p. 1)

Beard visited the new school in March 1934, where she met the faculty and the first class enrolled in the new school of nursing. Beard noted that the original class size was 10; however, one student left to attend medical school. Beard reported that the remaining nine students were of a good caliber (Beard, Officer Diary, March 13, 1934).

Beard discussed with Russell the school budget and allocation of funds, including the need to secure teachers. She noted it would be difficult to replace faculty if any should leave. Beard reported on the progress of a faculty member who received a 2-year RF fellowship to study allied sciences so that she would be able to teach biology to nursing students. Beard noted that this had been a success and Russell was requesting two or three more RF fellowships for other faculty to study the allied sciences (Beard, Officer Diary, March 13, 1934).

Russell informed Beard that she was now in a position to accept the RF's invitation to visit progressive schools of nursing in the United States; apparently, this invitation had been extended to Russell for the past 3 to 4 years, but she had not been in a position to accept. The plan was for Russell to visit Skidmore, Yale, and Vanderbilt (Beard, Officer Diary, March 13, 1934).

Beard included a copy of the statute of the newly organized Council of the School of Nursing in her officer diary. The statute enacted the establishment of the school of nursing at the University when the Department of Public Health Nursing was merged with the new school. The council members included the President of the University, the Director of the school, and the school of nursing teaching staff. The Director of the school of nursing was also the Chairman of the Council; in addition to the members listed above, other members of the council were appointed from the School of Hygiene and the faculty of medicine and dentistry, biology, household arts, psychology, and social science departments.

Beard was concerned that the cost of tuition was too high because the nursing course cost \$1,100. Beard thought that if the Toronto General Hospital paid the school for the hours of work which the students did during their clinical practice at the hospital, then a reduction in the students' tuition could occur. Beard reported that the students received 4 months of study at the school before starting clinical practice. "Each student is on duty from 7.30 to 11.30 every morning" (Beard, Officer Diary, March 13, 1934, p. 43). A teaching supervisor at the hospital was hired as a practical ward instructor and part of her salary was paid for by the school of nursing. Beard was informed that the patients, doctors, nurses, and many of the head-nurses were impressed with the students' work.

Beard did not share who informed her of this. She highly praised the students' clinical work, stating, "The patients nursed by them have so much more care than they have ever had" (Beard, Officer Diary, March 13, 1934, p. 43). How did Beard come to this conclusion? Was it through anecdotal reports from Russell and her staff? Beard was an RF Officer visiting a newly established school of nursing that was partly funded by the RF. Did Russell and her staff feel pressured to ensure that Beard received a favorable impression of their newly established school? Beard remarked that Russell's educational ideas were practical in approach and the students spent more time in discussion of their clinical cases than in writing up their case studies. This demonstrates that the students were encouraged to share their experiences with each other and to become comfortable in sharing their points of view. Beard also had the opportunity to spend a morning observing the students at their clinical practice site at the hospital.

In October 1934, Russell submitted the first annual report of the school of nursing, University of Toronto, 1933 to 1934. This report gave a general outline of the current nursing courses and the number of students enrolled in each course. It was noted that the previous nursing courses under the direction of the Department of Public Health Nursing and the Department of University extension had all been combined into the new school of nursing. The 4-year combined general nursing course and public health nursing course had been discontinued and the last class was admitted in 1932. A total of 344 graduate and undergraduate nurses were enrolled in courses during this period (Russell, 1934).

Russell enthusiastically reported that the new 3-year undergraduate training course in nursing was independent of the hospital and that the student was paying the cost

of her living and tuition' "her time belongs to herself and not to the hospital, hence this time of hers can be used wholly to study and to practice the art that she has come to acquire" (Russell, 1934, p. 1). The report stated that the new course in nursing would prepare the students to meet the health needs of the community and that the school had been successful in its collaboration with the nursing, medical, and hospital authorities. The report also acknowledged the assistance that the school received from the local public health organizations, local hospitals, and university departments.

1936, 1937: A Financial Crisis

Unfortunately, as the 1930s progressed, so did the economic Depression. Kirkwood (1994) described the climate as being inhospitable to the advancement of women's causes and, in particular, the development of nursing education. Because of the economic situation, the hospital nursing school apprenticeship programs were more appealing to young women than paying tuition for university-based nursing education. Additionally, the business community and the Canadian Government were not receptive to championing nursing education mainly because of the high unemployment of nurses (Kirkwood, 1994).

Russell visited New York; in January 1936, she met with Beard at the Cosmopolitan Club (a women's club) and they had a general discussion about the school of nursing pertaining to the hiring of new staff and the general progress of the nursing students. Russell informed Beard that tuition fees would be raised the following year (1937) and this would generate enough revenue to hire a new faculty member. Beard remarked in her diary entry that the undergraduate students were taught public health

nursing throughout their 3-year course. During this meeting, Beard noted that Russell requested an endowment for the school of nursing: “Miss Russell has begun to agitate for an endowment for the school” (Beard, Officer Diary, January 28, 1936, p. 7). Russell informed Beard that the medical faculty was now supportive of the school of nursing and she thought that the time was now right to educate the general public on the work that the school of nursing was conducting. However, Beard noted that the current Canadian Government was an unknown quantity.

Farley (2004) reported that Russell faced an uphill battle in her quest for an endowment for the school of nursing because the University was not supportive of the school. This was probably due to the severity of the Depression which had placed the University of Toronto’s finances in a precarious situation. Russell’s fears that the future of the school of nursing was in jeopardy were founded and the RF started to suspect the University’s lack of commitment to the school of nursing (Farley, 2004).

Beard and Wilbur Sawyer, the new Director of the IHD, visited Toronto in October 1936 and met with Russell; Fitzgerald, the head of the School of Hygiene; and Dr. Cody, the President of the University. A frank discussion took place and Sawyer reiterated previous communication that had taken place between the University of Toronto and the RF: ‘WAS read the letters from the former President of the University of Toronto and Mr. Mason, then President of the RF’ (Beard, Officer Diary, October 1, 1936, p. 89). The correspondence clearly stated there was no commitment for further support of the school of nursing either on the part of the University of Toronto or the RF. Beard reported that the group discussed what steps needed to be taken to secure the continuation of the school of nursing. One surmises that one of the steps would include

that the University continue to share the financial costs with the RF to maintain the school.

In November 1936, a special committee was formed by the University of Toronto to consider support for the school of nursing and a report was sent to the University of Toronto Board of Governors. Beard's diary entry for March 12, 1937, indicated that because the RF had delayed its grant of \$20,000 to the school of nursing, the Committee made the assumption that the RF had withdrawn its financial support to the school. This situation required Russell to travel to New York for a consultation with Beard; however, Beard's diary did not state the course of action that was decided upon (Beard, Officer Diary, March 12, 1937). Evidently the issue was not resolved because on March 19, 1937, Beard received a telephone call from Russell who informed her that the situation had now reached a crisis point so much so that Russell had decided to travel to New York the following day. However, later that same day, Beard received a telegram from Russell stating that she had cancelled her trip to New York (Beard, Officer Diary, March 19, 1937).

A few days later on, March 23, 1937, Beard travelled to Toronto and had a morning meeting with Russell at the Royal York Hotel. The discussion revolved around what had happened with regard to the support of the school of nursing at the University of Toronto. Russell informed Beard that she had taken several steps to secure support and increased funding for the school. These steps included: the University's grant would increase from \$5,000 to \$7,500; special nursing courses that were run by the Extension Department would now be run by the school of nursing; and the tuition fees would be increased from \$3 to \$5. Beard noted that enrollment for these special courses had

increased and the RF had previously been informed that \$6,000 in tuition fees for 1936-37 was expected. However, because of the increase in the special nursing course fees, it was now expected that \$15,000 would be received in tuition fees.

Russell also informed Beard that she had laid the groundwork to obtain private gifts for the school. Russell had reached out to the Deputy Commissioner of Health because the graduates of the school were vital to the running of Provincial and Municipal health units in Ontario. The Deputy Commissioner volunteered to obtain support for the school by issuing a statement that the school was needed and approved by the Department of Health and the Department of Education.

Russell had also contacted the Victorian Order of Nurses because they employed the school's graduates. The Order was in the process of reaching out to a wealthy benefactor who had a special interest in the Victorian Order. A similar approach was made to the Canadian Red Cross because the graduates of the school staffed the outpost stations. Beard reported that she thought these actions over the course of the next few years should bring some return (Beard, Officer Diary, March 23, 1937).

1938: The Endowment

In May 1937, Russell visited New York for a meeting with Beard and Sawyer. The Trustees of the University of Toronto would meet in February the following year to decide on their financial commitment to the school. Cody, the President of the University, would then notify the RF of their decision and ask the RF to assist with the deficit. Once Sawyer had their decision, he would be in a position to consider the financial aid the RF would be able to give to supplement the University's funds to the school of nursing.

Beard remarked that Russell was satisfied with this arrangement (Beard, Officer Diary, May 6, 1937).

Beard visited Toronto in January 1938 to visit with the RF nursing fellows. She reported that a Committee on Finance for the School of Nursing was being formed. The Committee would be responsible for securing support and future funding for the endowment of the school of nursing. Beard reported that Russell was confident that adequate support for the continuation of the school would be found. Beard wrote a long paragraph in praise of the school, emphasizing that the applicants to the school had improved and 100 students were currently enrolled in the school. Beard described the faculty as superior, with the exception of one person, and made the point that the RF nursing fellows were receiving a better educational experience than they would receive at any of the American nursing education centers. This was high praise indeed as Beard was not only an American but a good friend of Annie Goodrich, the Dean of the Yale School of Nursing (Beard, Officer Diary, January 7, 1938).

Finally, on June 27, 1938, the Scientific Directors recommended to the RF that an endowment be granted to the school of nursing for \$250,000; the resolution was settled on December 7, 1938, payable on July 1, 1939. The school of nursing was described as having grown in range and excellence over the 5 years it had been in existence (since 1933). The opinion of the officers and Scientific Directors of the IHD was that they were entirely justified in their support of the school because it provided an important experiment in the methods of education in public health nursing (The Rockefeller Foundation, 1938).

Beard had retired from the RF in October 1938; however, on December 7, 1938, Sawyer wrote to inform Beard that the Trustees of the RF voted in favor of endowment for the Toronto School of Nursing. Sawyer acknowledges Beard's enormous effort to secure the future of the school of nursing. "You worked so long on this project that I know you will take pleasure in realizing that at last the most important and final step has been taken" (W.A. Sawyer to M. Beard, December 7, 1938, p. 1).

Conclusion

The RF's endowment to the school of nursing did not end its involvement with the school. The RF continued to send their RF nurse fellows to Toronto—specifically, 39% of all RF nurse fellows were sent to Toronto, nine times the number sent to the Yale School of Nursing. The hosting of the RF nurse fellows extended the school's global reach. Farley (2004) reported that the school of nursing at the University of Toronto was considered the brightest light of the three model schools (light houses) that the RF had funded. Farley (2004) and Kirkwood (1994) credited this in large part to Russell's intellect and character. However, without Beard to communicate effectively the innovative work that Russell was conducting at the school, it is questionable if the RF would have known the extent to which Russell's work was successful.

During the 10-year journey to obtain the RF endowment, a number of obstacles and challenges had to be overcome. This included the economic Depression, changes to the local government, and the ambivalent attitude of the University towards the school of nursing. Local stakeholders also posed some challenges to the creation of the school, not least of which was that the hospitals relied on student nurses for labor and the attitude of

some of the medical profession considered nurses not as equal partners but as assistants to do as they were told.

The collaborative relationship between Beard and Russell was the foundation for the eventual creation of the school. Beard's enthusiasm and tenacity provided a strong reliable support system that Russell could depend on in times of adversity. Beard's willingness to invest the time to strategize with Russell and offer her a safe place to vent her worries and frustrations demonstrated her commitment not only to the advancement of public health nursing education, but also to strengthening a nursing network through mentorship. This case study demonstrated a collaborative relationship free of personal competition between two leaders of nursing during the interwar years. They negotiated in a professional world dominated by men and they forged a partnership that had a major impact on the movement for public health nursing.

Chapter VII

TRAVELS IN THE SOUTHERN STATES

This case study explores the nursing conditions that Mary Beard witnessed in her travels in the southern states of America between 1926 and 1938. Emphasis is placed on the working and educational conditions of African American nurses because they faced the unique challenge of racial discrimination.

As previously noted, work toward the professionalization of American nursing occurred during the Progressive Era (Lewenson, 1993; Melosh, 1982; Mottus, 1981; Reverby, 1987). Carnegie (1995) and Hine (1989) noted that this time period also coincided with the entrenchment of racial hostility and discrimination in the United States. While racial discrimination was widespread across the country in the North, “racism was less socially acceptable” (Buhler-Wilkerson, 2001, p. 69) and, therefore, instances of discrimination were less likely to be documented, unlike in the southern states (Buhler-Wilkerson, 2001).

Beard’s travels in the southern states afforded her the opportunity to witness blatant acts of racial discrimination, which she described in her RF officer diary along with her personal thoughts on these episodes.

Beard's Travels in the Southern States: Black Nurse Education and Practice

Mary Beard made several work-related visits to the southern states during her tenure at the Rockefeller Foundation. The RF was engaged in the funding of a postgraduate public health nursing course in Nashville, Tennessee (Abrams, 1992) and sent several of their nurse fellows there for postgraduate education. The RF foreign nurse fellows came from Europe, Japan, China, Siam (present-day Thailand), and the Middle East. However, Beard (1936) noted that she sent White nurse fellows to the southern states. This researcher surmises that this was because of the racial segregation that existed in the southern states. The RF also had an interest in African American education. John D. Rockefeller and his wife, Laura Spelman Rockefeller, had funded the nation's first Black nurse training school in the South, the Spelman College Infirmary Training School for Nurses, located in Atlanta, Georgia; in 1925, the RF funded a short study of African American women in nursing (Hine, 1989). This study is discussed later in this chapter.

Beard's work diaries were analyzed to gain insight into nursing conditions in the South and in an effort to uncover Beard's views on race as it pertained to African Americans. To provide context to Beard's work in the southern states, the following section discusses the socioeconomic and environmental challenges facing African Americans after the Civil War.

African Americans After the Civil War

The Civil War ended April 1865, followed by a period of reconstruction in the South. A series of legislation were passed in an attempt to confer civil rights to African

Americans. The Thirteenth Amendment (1865) ended slavery and the Fourteenth Amendment (1868) guaranteed citizenship and equal rights to people born or naturalized in the United States, except for Native American Indians and women who did not have the right of franchise. The Fifteenth Amendment of 1870 forbade the denial of citizens' rights because of race. The 1875 Civil Rights Act granted all people equal access to public places and conveyances (Boyer, 2012).

However, while slavery had been abolished and freed African Americans had full citizenship, racist actions by White officials in the southern states imposed racial segregation and prevented African Americans their right of franchise (Boyer, 2012). In 1896, the U.S. Supreme Court upheld *Plessy v. Ferguson* and the doctrine of "separate but equal" supported the practice of racial segregation (Hine, 1989). In addition to legislative discrimination that negatively impacted Blacks' social and economic conditions, African Americans faced persecution by the Ku Klux Klan. The Ku Klux Klan, which was formed by White Confederate veterans in 1865, was responsible for terrorizing and murdering African Americans (Boyer, 2012). Scientific racism also emerged as a threat to African American health. The following section discusses the negative consequences of scientific racism on African American healthcare.

Scientific Racism

In the early decades of the 20th century, existing racist views were upheld by the new academic disciplines of anthropology, evolutionary biology, and genetics (Patterson, 2009). Roberts (2002) argued that public health policy as it pertained to Blacks was mainly dictated by the politics of race as opposed to medical knowledge. The poor state of black health was blamed on Blacks' physiological inferiority instead of on poor social

and economic conditions (Patterson, 2009). Patterson reported, “In 1890 the mortality of blacks in the five largest southern cities averaged 35.2 per 1000, compared to 19.6 per 1000 for whites” (p. 532).

Hine (1989) also reported that African Americans often lived in abject poverty, especially in the urban South and North. Living conditions were poor, marked by overcrowding, inadequate sewer systems, poor ventilation, and contaminated water supplies. Diets lacking in vital nutrients led to malnutrition. These poor conditions made the African American community susceptible to disease, especially infectious disease.

The most prevalent disease was tuberculosis, and Patterson (2009) reported that more than 50% of the urban Black population became infected during their lifetime. One in six deaths was attributed to tuberculosis in 1906, claiming five out of seven lives between the ages of 18 and 28. The medical profession and social theorists have cited racial theory as an explanation for the disparity between Black and White tuberculosis mortality. However, racial theory was based on racist premises developed in the 19th century and Roberts (2002) argued that health professionals utilized racial theory in an effort to hide their neglectful healthcare of Blacks.

Patterson (2009) reported that certain diseases were racialized: syphilis afflicted mainly the Black race and polio mainly the White race. Racists concluded that polio afflicted Whites because their bodies were complex and delicate, and Blacks were less susceptible to the disease because they were a primitive race (Patterson, 2009).

Civil rights leaders and Black physicians fought back by countering that environmental and social factors (discrimination and poverty) contributed to the poor health of Blacks. Dr. Charles V. Roman, a Black physician and former head of the

National Medical Association, noted that severe discrepancies in public resources were allocated to Blacks and Whites. For example, in Nashville, Tennessee, Whites had access to public parks, playgrounds, paved streets, and sewers, while Blacks had no access to these amenities. Roman argued that these environmental conditions, and not race, were the major contributor to the development of disease. Nashville was a typical example of how segregation created toxic living conditions for Blacks (Patterson, 2009).

White supremacists concluded that Black biological inferiority would eventually lead to the extinction of the Black population. Statistics were utilized to support this premise: the Black population decreased from 20% in 1820 to less than 10% in 1920 while several southern cities reported higher death rates than birth rates (Patterson, 2009).

According to Roberts (2002), the defining work that set the benchmark for racist statistical analysis was conducted by Frederick L. Hoffman, who was an actuary for the Prudential Life Insurance Company. Statistical analysis was a relatively new discipline and the United States had recently begun to acknowledge the importance of vital statistics (Roberts, 2002; Wolff, 2006).

Hoffman's defining work, *Race Traits and Tendencies of the American Negro*, was published in 1896. He argued that the health problems faced by Blacks were not sociopolitical in origin but biological, and he concluded that Blacks would eventually succumb to tuberculosis and the race would become extinct (Roberts, 2002; Wolff, 2006).

While this work was published to critical acclaim, it was not without its detractors, most notably W. E. B. Du Bois, a Harvard-educated historian, professor at

Atlanta University, and a founding member of the National Association for the Advancement of Colored People. Du Bois and Kelly Miller, a Howard University mathematician, criticized Hoffman's mishandling and misapplication of the data and failure to stratify the findings (Wolff, 2006).

However, despite scientific racism advances in microbiology that demonstrated that the entire population, Black and White, were at risk for contracting infectious diseases (measles, tuberculosis, pneumonia, and typhoid), the high rates of illness of the South's labor force led to progressive public health initiatives. These initiatives included the passage of sanitary laws and the establishment of hospitals and state boards of health (Patterson, 2009).

A separate system of hospitals and nurse training schools was established for African Americans. This was necessary because Black patients were either denied access to publicly supported municipal hospitals or segregated within them (Hine, 1989). The development of these institutions was aided by private philanthropic foundations, including those of Andrew Carnegie, John D. Rockefeller, and Julius Rosenwald (Hine, 1989).

Hine (1989) made the case that Julius Rosenwald was partly motivated to improve African American healthcare because it would protect the health of the White population. Hine also noted that the Rockefeller General Education Board concluded the prosperity and welfare of the country were dependent on the condition of African Americans.

White philanthropists were not the only people establishing hospitals for Blacks. African American physicians also opened hospitals. Establishing a hospital enhanced their professional development and provided healthcare for the Black community. The

establishment of a nurse training school also helped to generate revenue. It should be noted as well that Black physicians were often denied privileges at hospitals that served Whites (Hine, 1989). The following section discusses the opportunities African Americans had to obtain nurse education following the end of the Civil War.

Nurse Education Opportunities for African Americans

During the latter half of the 19th century, nurse training schools began to open in North America based on the system established by Florence Nightingale. According to Hine (1989), the majority of nurse training schools that were established in the northern states had racial quotas. The first African American nurse to graduate from a nurse training school was Mary Eliza Mahoney in 1879. Mahoney graduated from the New England Hospital for Women and Children in Boston. Hine noted that the hospital charter “stipulated that only one Negro and one Jewish student be accepted each year” (p. 6); by 1899, only five other African American women had graduated from this nurse training school (Hine, 1989). In 1920, less than 3% of trained nurses in the United States were African American, even though African American women accounted for 24% of the female workforce (Reverby, 1987).

As previously noted, legalization of racial segregation in the southern states supported a separate healthcare system for African Americans, and this included nurse training schools. The historians Carnegie (1995) and Hine (1989) reported that during the latter decades of the 19th century, several Black schools of nursing were established. John D. Rockefeller and his wife, Laura Spelman Rockefeller, funded the nation’s first Black nurse training school. In 1881, the Rockefellers founded a private Black women’s college, the Atlanta Baptist Female Seminary, later renamed Spelman College. The

department of nursing was established at the college in 1886; this was the first 2-year diploma program established within an academic institution (Hine, 1989).

A 30-bed infirmary, the MacVicar Hospital, was built in the college's campus in 1901 and this served as the school infirmary and clinical practice site for the student nurses (Carnegie, 1995; Hine, 1989). Unfortunately, the nurse training school closed in January 1928 due to poor facilities (Beard, Officer Diary, January 5, 1928; Hine, 1989).

In 1925, the RF conducted a study of the status of African American women in nursing, under the leadership of an English-born, Canadian-educated nurse, Ethel Johns (1925). Initially, Johns was hired by the RF in 1925 as a European field worker to assist in establishing schools of nursing in Europe. However, when she arrived at the New York headquarters of the RF, Edwin Embree, Director of the Division of Studies, requested that she conduct the study prior to taking up her post in Europe (Grypma, 2003).

Johns was born in England and moved to Canada as a child (Grypma, 2003; Johns, 1925). The Johns family lived on the Wabigoon reserve in Ontario; her father was a missionary and teacher to the Ojibway Native American tribe. Johns was fluent in the Ojibway language; at the age of 16, she served as an interpreter between the Wabigoon's chief and the Indian Department. Prior to her appointment at the RF, she was the first Director of nursing at the University of British Columbia and the first nurse in Canada to be appointed an assistant professor of nursing (Grypma, 2003).

The following section discusses the report conducted by Ethel Johns in 1925. This study was commissioned as a reference for RF officers and was not intended for general distribution (Hine, 1982). Beard made several references to Johns's report in her work diaries and, on at least two occasions, gave a copy of the study to people who did not

work for the RF (Beard, Officer Diary, October 1, 1926; Beard, Officer Diary, December 7, 1928).

The Ethel Johns Report

In the foreword to the study, Johns reported that racial discrimination faced by Black nurses is a serious impediment and the issue was extremely similar to two other modern-day conflicts: feminism and the labor movement (Johns, 1925).

Many African Americans informed her that a more comprehensive study was needed, one that surveyed the entirety of African American healthcare, including access to care, quality of services, and the practice of medicine by African Americans, as opposed to just the nursing situation (Johns, 1925).

Outline of the scope of the investigation. Johns conducted the study over a 47-day period travelling to 12 states, visiting hospitals, public health nursing associations, schools of nursing, and several universities. Johns noted that because the study was conducted in a short timeframe and covered a vast geographic area, a quantitative study could not be conducted; therefore, the study was qualitative. “Since no thorough survey nor compilation of statistics could be undertaken within such a narrow time limit over such a wide area it was thought best to concentrate sharply on obtaining and recording vivid first hand impressions” (Johns, 1925, p. 4). Johns reported that the study would serve as an introduction to the issue and encourage further in-depth studies to be conducted and direct future researchers to relevant sources.

The study identified four factors that affected the African American nursing situation: racial conflict, existing standards of nursing education, the attitude of related professional groups, and the attitude of Negro educational institutions (Johns, 1925).

Johns recognized that racial prejudice was a great challenge for African American nurses as it affected their education and working conditions:

The degree of disability varies greatly according to the part of the country she lives in but there is no part where she is free to practice on a basis of absolute equality. No matter how high her personal and professional qualifications may be, certain doors remain closed to her. (Johns, 1925, p. 6)

Johns (1925) was particularly unsettled by the social constraints and conditions which profoundly influenced the lives of African American nurses. The following section discusses the conditions that Johns observed. This section is intended to provide context to the work that Beard conducted in the southern states in relation to African American nursing.

Overview of the social constraints and issues affecting African American nurses. Johns thought that African American nurses in New York City had better opportunities for advancement than in any other part of the country; however, she did discover the following issues.

Johns (1925) reported that the training schools of Bellevue and their allied hospitals were proposing to organize a Central School of Nursing and she was concerned that the African American students in the Harlem division would be excluded from this proposed school. However, Johns did not explain why she thought that the Harlem student nurses were at risk of being excluded from this proposed new school of nursing.

Johns (1925) also noted that the 40 Black graduate nurses employed in the Civic Bureau of Child Hygiene in New York City had no prospect of promotion because it would bring about serious complications. This researcher surmises that Johns was alluding to the tension that might be created if White nurses were supervised by Black nurses.

Johns (1925) reported that educational opportunities did exist for Black nurses in the northern states. African American nurses were not barred admittance to university nursing postgraduate courses in New York City, Chicago, and Philadelphia; however, “Their welcome is far from enthusiastic but there is no actual barrier” (Johns, 1925, p. 7).

Johns (1925) observed that the Black nurses practicing in the North not only faced prejudice from White patients but also, in some instances, bias from members of her own race. She noted that northern lower-socioeconomic Whites usually refused the services of Black nurses and some Black patients complained they were discriminated against when a Black nurse was sent to care for them instead of a White nurse (Johns, 1925). This observation highlighted the complexity of racial discrimination within the Black community.

Perceptions of racial discrimination in the southern states were just as complex. Johns (1925) reported that in the southern states, African American nurses were welcomed as bedside nurses but “discounted as a teacher by white and colored alike” (p. 8). Johns was shocked by the social constrictions between the races in the South and gave several examples. During a visit to an African American hospital, Johns was served her meals alone in a private room. She could not invite an African American superintendent of nurses to have lunch with her at a hotel, and when accompanying an African American public health nurse on her visits, the nurse had to sit in the back of the street car while Johns sat at the front. “These circumstances were humiliating to me as a professional woman and yet I had unwillingly to acknowledge the heart-breaking difficulty and complexity of the social situation from which they arise” (p. 8).

Although the study was conducted within a short timeframe and covered a large geographic area, Johns was able to determine the current state of African American nursing and the major issues that were impeding the progress of Black women in the nursing profession. The following section reviews the issues identified by Johns.

The current state of African American nursing in 1925. Johns (1925) reported that White training schools in the North had influenced the northern Black schools of nursing for the better. However, in the South, White training schools were predominantly below par; therefore, they had a negative influence on Black nurse training schools. This situation was also compounded by the exclusion of Black physicians from established medical centers, leading some Black physicians to open their own hospitals and, in many cases, substandard nurse training schools (Johns, 1925). Finally, Johns noted that while good schools existed, the majority were inferior.

Johns (1925) concluded that there was an overabundance of poorly educated Black nurses. However, there was an increasing demand for better educated Black nurses who were capable of taking leadership positions. Johns recommended several strategies to address the identified issues; these are discussed in the following section.

Recommendations. Johns (1925) thought that Black students in the northern cities were not as disadvantaged as the students in the South mainly because they were not prohibited from universities offering postgraduate courses. Therefore, Johns recommended that a fellowship fund be established to assist African American nurses to attend postgraduate courses in the North.

Johns (1925) also proposed launching an advertising campaign in the Black communities utilizing Black media sources. The aim would be to encourage Black

middle-class high school graduates to enter the nursing profession. Johns recommended the establishment of an undergraduate nurse education program at a recognized African American university that would serve as a benchmark for African American nurse education and she recommended Fisk University. Johns came to this conclusion after visiting Fisk University, Howard University, Hampton Institute, and Tuskegee Institute.

On completion of the project, Johns received praise from Embree, who after reading the report stated:

It is a brilliant report. The only trouble is that it presents the opportunities, the needs and the difficulties so clearly that it does not make procedure simple or easy. It does at any rate state the problem and I hope it may be the basis for some definite action on our part in the reasonably near future. (E Embree to E. Johns, May 3, 1926)

According to Hine (1982), the report was commissioned for the explicit use of the RF officers and was not meant for general release and distribution. When the Tuskegee Institute requested listing the survey in the *Negro Year Book*, the RF responded that it was “not available for general reference” (Rockefeller Foundation, n.d., p. 2116).

Because of this foundation policy, the survey was eventually filed in the RF archives and forgotten until historian Darlene Clark Hine discovered it there (Hine, 1982).

Unfortunately, this survey did not result in the development of a program to address the needs of African American women in nursing (Hine, 1982; Rockefeller Foundation, n.d.). The following section examines the work and educational conditions of nurses that Beard encountered in the southern region of the United States between 1926 and 1938.

Beard's Work in the Southern States

Beard's visits to the southern states (1926-1938) combined several work-related activities, including visiting prospective clinical practice sites in relation to the RF nurse fellows, and inspecting and evaluating schools of nursing, hospitals, and institutions of higher education that the RF funded or had been approached to fund.

The subject of race is interwoven throughout Beard's work at the RF in part because several of the foreign RF fellows of nursing were non-White and it was Beard's responsibility to find appropriate practice sites for these fellows to attend. Beard made several diary notations which gave voice to her views on race. For example, in 1926 during a visit to Nashville, she reviewed a public health nursing service run by the Nursing Council of Nashville. Beard made the following diary notation: "Fellows from foreign countries could not fail to be shocked at the race antagonism to be found here as elsewhere in the South; and this, it seems to MB, is a point to be considered in placing them" (Beard, Officer Diary, March 5, 1926, p. 30).

The Ethel Johns' report had uncovered the lack of higher educational opportunities for Black nurses in the South (Johns, 1925). In 1926, George E. Vincent, President of the RF, charged Beard with researching a strategy to develop higher education for Black nurses in the South (Beard, Officer Diary, November 15, 1926). Vincent informed Beard that the strategy should be developed in preparation for when the right time came for the RF to address and assist with African American nurse education (Beard, Officer Diary, November 15, 1926).

To this end, Beard consulted with the Rosenwald Fund, which was interested in advancing the education of Black nurses and improving their employment opportunities.

Beard met with Alfred Stern, the son-in-law of Julius Rosenwald and a representative of the Rosenwald Fund, in October 1926 (Beard, Officer Diary, October 1, 1926). Stern's area of interest was in encouraging state and county health units to employ African American nurses and he wanted to develop a strategy to increase the employment of African American nurses in community health work in the southern states. Stern met with Beard primarily to obtain information about the present status of African American nurses. Embree recommended that Stern read the Johns report and instructed Beard to give Stern a copy of it, which she did. Stern also offered assistance from the Rosenwald Fund to the RF in support of improving African American nursing education (Beard, Officer Diary, October 1, 1926).

Buhler-Wilkerson (2001) reported that the Rosenwald Fund donated \$1.3 million during the period 1917 to 1940, in support of African American public health, outpatient programs, hospitals, and professional education. However, the author noted that African American nurse education was only funded when the nurse in question had a guaranteed position to return to (Buhler-Wilkerson, 2001).

Toward the end of November 1926, Beard visited Richmond, Virginia; Hampton, Virginia; Charleston, South Carolina; Montgomery, Alabama; Tuskegee, Macon County, Alabama; Birmingham, Jefferson County, Alabama; Escambia County, Alabama; Covington County, Alabama; Pike County, Alabama; and Barbour County, Alabama (Beard, Officer Diary, November 26, 1926).

During this trip, Beard recorded in her officer diary that nursing in the South was in desperate need of assistance and declared that the situation was complex due in part to tension between the Black and White races, particularly in Richmond, Virginia where

there has been a rise in Anglo Saxon societies' activities (Beard, Officer Diary, November 26, 1926).

Beard visited the Medical College of Virginia, which was established in 1838 and composed of four schools: medicine, pharmacy, dentistry, and nursing. There were two schools of nursing, one for White students and one for Black students (St. Phillips). Beard reported that both Black and White nurses' homes were squalid. However, she reported there was funding to build a White nurses' home but not a Black nurses' home. Therefore, the Black nursing school would be closed. Beard described the nurses' home for Black students as having fetid air, no heat, two bathrooms for 28 students, two bathtubs, and vermin that could not be exterminated so the students slept with the lights on; Beard was appalled by these conditions (Beard, Officer Diary, November 26, 1926).

Beard next visited the Dixie Hospital Training School of Nursing, Hampton, Virginia, which was established to educate Black nursing students in 1891; she also visited the nearby Hampton Institute, a Black college. After Beard's visit to the Dixie Hospital and the Hampton Institute, she noted that if Dixie Hospital affiliated with the Hampton Institute on the same terms that the Practice School for Teachers (School of Education) did with the Hampton Institute, then a satisfactory educational foundation for nursing could be built up and "this would attract the better negro girl who now goes into teaching" (Beard, Officer Diary, November 29, 1926, p. 128). It was not until 1944 that a Bachelor's degree program in nursing was eventually established at the Hampton Institute (Carnegie, 1995; Hine, 1987).

Beard's overall impression of the Hampton Institute is that "The slow, conservative methods of Hampton Institute commend it when one begins to feel the

immense pressure of the small but immensely strong white opposition to equal education and anything like professional opportunities for the negro” (Beard, Officer Diary, November 29, 1926, p 129). Beard continued:

It was enlightening to hear of the activities in the South only last winter to suppress the rights of negroes in community life. Virginia, getting together all the remaining “stand-patters” and inflamed by the local “Anglo-Saxon” Societies, passed a bill making the seating of the two races together in public places illegal! (Beard, Officer Diary, November 29, 1926, p. 129)

Beard visited Roper Hospital in Charleston, South Carolina, and was impressed with the hospital center and the staff (visited Black and White patients). Beard thought that this was superior to any hospital she visited in Virginia and therefore had the greater opportunity for progress (Beard, Officer Diary, December 4, 1926).

Beard noted that more than 50% of the 75,000 population of Charleston was Black and the leading public health issue in the community was sexually transmitted disease; almost all the Black hospital patients had syphilis or gonorrhea. Beard identified the need for more educated nurses from the fields of public health and nursing education and claimed that a public health nursing course at the hospital center would bring about results in 5 to 6 years’ time (Beard, Officer Diary, December 4, 1926).

Beard also acknowledged the racial tension that existed, stating that the superintendent of nurses reported it was difficult to recruit White nurses because Black patients must be cared for (Beard, Officer Diary, December 4, 1926). Beard met the full-time instructor for the school of nursing who was a graduate of Teachers College, Columbia University. She described the instructor as energetic and responsible for the excellent teaching. However, Beard remarked, ‘She unhesitatingly passes judgement on the racial question, seeing no possibilities in the colored people—criticizes the Southern

nurses—is obviously a thorn in the flesh of the Superintendent of the school” (Beard, Officer Diary, December 4, 1926, p. 130).

Beard recommended that local women should be educated and recruited to fill leading nursing positions in their home states and concluded that the South is in need of good nurses as any of the depressed European countries (Beard, Officer Diary, December 4, 1926).

During the same trip, Beard inspected the Tennessee Coal & Iron Hospital (located in Jefferson County, Alabama) and its school of nursing. Beard reported that the hospital and school of nursing were excellent. The teaching of Black and White nurses was separate except for lectures and Beard offered this observation.

Reason the races do not recite together is that the white girls cannot bring themselves to the humiliation of having colored nurses listen to their imperfect recitations!’ (Especially awkward since the colored girls are better pupils). (Beard, Officer Diary, December 10, 1926, p. 133)

In addition to inspecting hospitals and schools of nursing, Beard also visited the Montgomery Board of Health, reporting that the major public health issues in the county were: soil pollution diseases (typhoid, hookworm), malaria, and venereal disease among the African American population (Beard, Officer Diary, December 7, 1926).

Beard concluded there would be little value in sending public health nursing students to this site because she thought the program was inadequate. Beard offered the example of observing an African American visiting nurse examine the eyes of an infant with ophthalmia neonatorum; the nurse separated the infant’s eyelids without washing her hands before or after the procedure (Beard, Officer Diary, December 7, 1926).

Later in her trip, Beard spent the morning of December 11, 1926, with another African American visiting nurse. She noted that the nurse had a large geographic area to

cover and drove a Ford car with inferior brakes. Beard described traversing steep mountain roads with deep ruts and sustaining three collisions with two cars and a tree; she noted:

MB much impressed by the value of Nurse Volvo's visits that morning. No White nurse could have understood the needs of these colored families as she did. She displayed tact, force, intelligence and exhibited that real devotion which was returned with enthusiasm. The contract doctor is a stumbling block to her but MB was impressed with the value of her influence upon this doctor. Many times, he will follow through some necessary attention to these families, which he would not have done without the nurse. (Beard, Officer Diary, December 7, 1926, p. 133)

Buhler-Wilkerson (2001) highlighted the difference of this diary notation with the description of a visit with an African American visiting nurse in Beard's 1929 book, *The Public Health Nurse*. Beard accompanied the nurse on the morning of December 11, 1926; the nurse's name was Nurse Emma (not Volo). There was no mention of the physician following the Nurse's recommendations. The patients were described as uneducated and Beard reported that Nurse Emma did not wash her hands when attending to a baby with ophthalmia neonatorum (Beard, 1929; Buhler-Wilkerson, 2001). Buhler-Wilkerson (2001) credited this revised narrative to the views held by many White nurses, that Black nurses were poorly educated and required additional education to bring them up to the same standard as White nurses. It was also thought that Black nurses required close supervision because they were intellectually inferior to Whites, lacked organizational ability, and did not have leadership skills (Buhler-Wilkerson, 2001).

Visits and Activities: 1928

In January 1928, Beard travelled to Atlanta, Georgia, to visit Spelman College prior to the closure of the Spelman College Infirmary Training School for Nurses. Beard

had dinner with Florence Reade, the White President of the nursing school, and with Dr. Hope, the President of Morehouse College. Beard reported that they had a long discussion regarding modern young African American men and women. Beard noted, “Dr. Hope had decided qualities of leadership unusual in a negro and I suppose due to his white blood” (Beard, Officer Diary, January 4, 1928, p. 3).

The following day, Beard had lunch with Read and Jane Van de Vrede, the executive secretary of the Georgia State Nurses Association (D’Antonio, 2010). Items discussed included southern conditions of nursing education and practice. Beard asked for Van de Vrede’s assistance to place the Spelman pupil nurses now that their school of nursing was closing. Van de Vrede stated that it should be an easy thing to do and noted, “It is only very lately that any colored nurse has been permitted to register at all in the State of Georgia” (Beard, Officer Diary, January 5, 1928, p.3). Van de Vrede also informed Beard that the type of middle-class southern woman that was needed in nursing went to college.

The next day, Beard visited the Spelman infirmary and reported how shocked she was at the run-down condition of the facility. Beard assured the remaining nine pupil nurses that they would receive placement assistance when the school closed down (Beard, Officer Diary, January 6, 1928).

Beard then visited Hubbard Hospital in Nashville, Tennessee, and declared that it was the best school of nursing for Black nurses that she had visited except for the Tennessee Coal & Iron Hospital in Birmingham, Alabama. The superintendent of nurses was a Miss Lyttle and Beard made the following notation:

Miss Lyttle is the only colored nurse MB has seen who has the power to lead and control the colored nurses under her. Interesting to find one colored woman who seems to have this power of leadership, and MB is much interested to find that she is a Catholic. (Beard, Officer Diary, January 11, 1928, p. 6)

Beard then described Lyttle's education thus far, noting that she had 2 years of college before attending nursing school and took a postgraduate nursing course at the University of California. Beard was also impressed with Hubbard's entrance requirement: all applicants had to have a minimum of a high school diploma, and many student nurses had 1 or 2 years of college (Beard, Officer Diary, January 11, 1928).

On January 20, 1928, Beard was back at the RF headquarters in New York City. She had the opportunity to meet with the President of Fisk University, Dr. Thomas Jones. As previously noted, this African American University was proposed by Johns (1925) as the site for a Black undergraduate nursing program. The focus of their meeting was a discussion of how to encourage middle-class Black women to enter the nursing profession. Beard reported, "Once more MB is surprised to find how comparatively easy it seems to those close to negro education to undertake a practical combination of white and colored educational schemes provided that no formal announcements are made" (Beard, Officer Diary, January 20, 1928, p. 10).

Beard continued to collaborate with the Rosenwald Fund, and in June 1928, she met with Edwin R. Embree, who had resigned from the RF in 1927 to become the head of the Rosenwald Fund. Beard reported in her officer diary:

Talk of negro nurse education. MB is sending ERE all diary references and anything else bearing upon her study of negro nurse education. ERE will be glad to have her continue to do so. He expresses an interest in the cooperation of the Rosenwald Fund and the RF in an effort in this direction. (Beard, Officer Diary, June 8, 1928, p. 49)

In December 1928, Richard Pearce, the Director of the Division of Medical Education, informed Beard that Embree had an interest in the possible development of a public health nursing course for Black students at Tuskegee Institute. Embree requested that Beard work on this project, review the plant at Tuskegee, and consider how this might be accomplished (Beard, Officer Diary, December 1, 1928). It should be noted that the RF funded a joint public health nursing program with Peabody College for Teachers and Vanderbilt University, located in Nashville, Tennessee, from 1925 to 1930 (Abrams, 1992) and perhaps this is why Beard made the diary notation that she would confer with the faculty at Peabody College and Vanderbilt University in reference to the Tuskegee project.

In December 1928, Beard met with Miss Stimson, the NOPHN secretary for public health education. The NOPHN had been approached by Howard University, Washington, D.C. to advise on a proposed public health nursing course for African American nurses in association with the school for social work. Beard informed Stimson that in her opinion it would be inadvisable to establish this course for the following reasons: graduating African American nurses are more likely to go North to work and a public health nursing course should not be placed within a school for social work; the third reason was “a post graduate course for colored nurses does not seem to be the best way to fit colored women to do public health nursing” (Beard, Officer Diary, December 7, 1928, p. 120). This researcher did not understand this comment because a major issue identified by the Johns report was the inadequate educational opportunities for Black nurses in the South. As previously noted, the Rosenwald Fund was also interested in

developing a public health nursing course for Black nurses and Beard had been asked to assist with this project.

Visits and Activities: 1929

At the beginning of 1929, Beard travelled to Indianola, Mississippi, where she visited the local board of health county health center. Beard remarked that she was impressed by the adequate staffing of this health center, noting that this was an unusual occurrence in the South. The center also accommodated public health nursing students for a 6-week clinical experience. However, while Beard reported that the students received valuable experience, she noted that the public health nursing students were Southern nursing graduates and, as such, were not well enough educated in her opinion to take on the important work of public health nursing.

The greatest need in the south seems to be to improve the quality of these workers and in the last analysis this can only be done by changing the basic education of nurses and making a marked effort to produce leaders. (Beard, Officer Diary, February 7, 1929, p. 13)

During this trip to the South, Beard visited Peabody College, the site of a public health nursing course sponsored by the RF (Abrams, 1992). Beard reported that this public health nursing course was the only one in the South that she deemed good. Many Southern states, including Louisiana, Alabama, Mississippi, Arkansas, and Texas, depended on the course to educate their state nurses in public health. Once again, Beard reported that the students who attended the course were graduates of inferior schools of nursing and many had not had a high school education. Beard did allow that the students were pleasant and conscientious, but not well enough educated to satisfactorily complete the courses arranged for them at Peabody College. Miss Roberts, the nurse educator who

ran the course, was described as being discouraged by this and realized that only a fundamental change in nurse education in the South would remedy the situation (Beard, Officer Diary, February 8, 1929).

Roberts had prepared a report on the development of nurse education at Peabody for the President of the college, a Dr. Payne. However Beard did not think that Roberts was getting the support she needed because after several weeks, Dr. Payne had not found the time to read the report. Beard noted that Roberts now thought Vanderbilt University should direct nurse education in Nashville (Beard, Officer Diary, February 9, 1929).

Beard also met with Dr. Jones, President of Fiske University, during her visit to Nashville; She had met with Jones the previous year in New York. Beard reported that she thought Dr. Jones was in a position to promote an interest in nursing “among the more intelligent students who now never think of it as a desirable occupation” (Beard, Officer Diary, February 10, 1929, p.16). Beard suggested to Jones:

For instance, girls in the Liberal Arts Courses could be interested, directed to science courses and at the end of two years, perhaps, be ready for work in the wards of the new Meharry Hospital where, again under good directions, they could take the necessary theoretical nursing work and have also excellent public health field work in Nashville. Already eleven negro public health nurses, all graduates of Hubbard Hospital and of Miss Roberts course in public health nursing compose the public health nursing negro staff of Nashville. Leadership, in the person of a nurse educator of superior experience, is all that is needed to begin this process now. Such a course could develop into a school of nursing at Fisk with Meharry Hospital and the Nashville Public Health Nursing Association as its clinical field. (Beard, Officer Diary, February 10, 1929, p. 16)

On return to New York, Beard had lunch with Michael Davis, a representative from the Rosenwald Fund, and they discussed African American and White nursing in the South, including the nursing situation at Tuskegee, Alabama; Hampton, Virginia; and Nashville, Tennessee. The profession of nursing held a low status among southern Whites

and Davis was concerned that this attitude would negatively impact efforts to elevate African American nursing (Beard, Officer Diary, February 15, 1929).

At Tuskegee, they were unable to find an African American nurse educator to lead and expand the nursing program. Beard made the following remark, “There are no such well educated and experienced colored nurses and it would take time to prepare even one” (Beard, Officer Diary, February 15, 1929, p. 20). Beard and Davis both agreed that it was not feasible to place a White nurse leader among the African American leaders at Tuskegee Institute and in the hospitals associated with it; there was no reason in Beard’s diary for why they both came to this conclusion. They also agreed that the Dixie Hospital in Hampton, Virginia, should work towards becoming affiliated with the Hampton Institute (Beard, Officer Diary, February 15, 1929).

Beard and Davis both agreed that Peabody College in Nashville, Tennessee, had the best public health nursing course in the southern states. African American nurses received postgraduate public health education at Peabody College through an affiliation with Hubbard Hospital in Nashville. The undergraduate African American nurses also received 3 to 4 months in public health nursing at Peabody College (Beard, Officer Diary, February 15, 1929).

Beard noted that 11 Black nurses were employed at the Municipal Public Health Department in Nashville, all of whom had received public health nursing education at Peabody College. Beard and Davis recommended that there should be an increase in the number of Black students admitted to the public health nursing course at Peabody College. Beard remarked that they would have to obtain the assistance of Miss Roberts (the head of the course) to achieve this goal and also launch an advertising campaign

aimed at African American educational institutions throughout the South. As previously noted, Beard favored attempting to attract African American college students to the nursing profession. Beard concluded that they were both in agreement that fundamental changes were needed to develop nurse leaders, both Black and White, in the southern states (Beard, Officer Diary, February 15, 1929).

In March 1929, Beard attended a meeting at the NOPHN headquarters as a member of the Education Committee. During the meeting, there was a discussion on the education of Black public health nurses; this included the current demand for them, how and where could they be educated, and if it would be possible to educate them in White institutions. Beard reported that Michael Davis from the Rosenwald Fund was also in close contact with the NOPHN with regard to African American nurse education (Beard, Officer Diary, March 15, 1929).

Later in the month of March, at the behest of Embree from the Rosenwald Fund, Beard met with Miss Bullis, Director of the Lincoln School of Nurses in New York City. Beard reported that Bullis had worked with African Americans at Calhoun Settlement near Tuskegee, Alabama. During their discussion, they agreed that Black nurse education should include preparation in public health nursing and acknowledged the difficulties that Black nurses faced when attempting to obtain employment (Beard, Officer Diary, March 25, 1929).

Bullis stated that she thought the Lincoln School of Nurses was in a position to develop African American nurse leaders who would be willing to return to the South to work. Bullis supported this statement by informing Beard that she already knew a few

African American graduate nurses who would relocate to the South and succeed as nursing leaders.

Beard asked Bullis if the Board of Lincoln Hospital would consider a complete reorganization of its school in order to teach public health nursing from the beginning of the undergraduate nursing course, and Bullis answered in the affirmative. Bullis also recommended that a survey of the public health needs of African Americans in the northern cities of Chicago, Cincinnati, Cleveland, and Indianapolis would demonstrate the need for the increase in the number of African American public health nurses while also highlighting the issues impeding the expansion of African American public health nursing in the North (Beard, Officer Diary, March 25, 1929).

In the spring of 1929, Beard again met with Davis from the Rosenwald Fund to discuss his recent visit to the Hampton Institute in Virginia. Both agreed that it would be appropriate to assist in the development of African American nursing education at Hampton, provided that an African American nurse leader could be secured.

Beard thought that the student health services at the Hampton Institute was not up-to-date; the areas of concern were the physical assessment of the students, the students' nutritional requirements, and the treatment and prevention of disease. Beard reported that the person who was capable of developing the student health program would be a valuable teacher in the school of nursing. Beard noted that she intended to review with Hampton Institute their present undergraduate facilities and advise on what changes would be necessary for the development and implementation of a "modern school of nursing" (Beard, Officer Diary, April 20, 1929, p. 51). Beard noted that until h Dixie Hospital could not be estimated (Beard, Officer Diary, April 20, 1929).

Beard also updated Davis on her meeting with Bullis from the Lincoln School of Nursing, informing him of Bullis's proposal to survey the African American public health needs in the North. Davis was interested in supporting this project and also recommended a survey of the South. Although no definite plan was in place to fund the establishment of an independent school of nursing at an institute of higher education in Nashville, Beard thought that the person selected to be the Dean of this hypothetical school of nursing would be an appropriate choice to conduct the southern survey prior to taking up their post as it would be valuable for their new role (Beard, Officer Diary, April 20, 1929).

Beard travelled to Hampton, Virginia, in May 1929 and visited Hampton Visiting Nurse Association, also meeting the Director, Miss Anderson, a graduate of the Yale public health nursing course. Beard reported that she thought this association was one of the reasons for developing public health nursing education for African American nurses at Hampton Institute because the Hampton Visiting Nurse Association would provide an excellent practice field for students (Beard, Officer Diary, May 4, 1929).

Beard met with Dr. Gregg, the Principal of the Hampton Institute, and discussed establishing nursing education at the institution. Dr. Gregg reported that he would be in agreement with an affiliation with Dixie Hospital School of Nursing and thought that the Hampton trustees would also be in favor. However, he noted there was no money for this expansion (Beard, Officer Diary, May 4, 1929). It would not be until 1944 that the Hampton Institute established a baccalaureate program in nursing (Hine, 1989).

Beard also informed Gregg that a postgraduate public health nursing course should be implemented at the same time that an undergraduate nursing course was

implemented at Hampton Institute. Beard noted the demand from the old graduates of Dixie Nursing School for postgraduate public health nursing education because there was currently a need for African American public health nurses in Georgia, Alabama, and Mississippi. Beard thought there was an advantage to be made from capitalizing on Hampton Institute's prestige, noting that Virginians accept Hampton Institute as the center of African American education. Beard informed Gregg that she would inform the Rosenwald Fund of her visit and that Michael Davis, a representative of the fund, would probably contact them shortly (Beard, Officer Diary, May 5, 1929).

In September 1929, Beard travelled to Nashville, Tennessee, and met with Dr. Leathers of Vanderbilt University. Leathers informed Beard that he would be glad to cooperate with the effort to develop African American nursing education in Nashville. However, both he and Beard agreed that the school of nursing for White students should be established and stabilized at Vanderbilt University first.

Beard and Leathers were also in agreement that the African American nurse education initiative should be taken by Fisk University and the Dean of nursing at Vanderbilt would be an important element in this development (Beard, Officer Diary, September 26, 1929).

Leathers asked Beard for suggestions as to suitable candidates for the position of Dean of the proposed school of nursing at Vanderbilt and for the Director of nursing services. Beard informed him that the RF was not concerned with the selection of individuals for these positions; however, Beard would personally be interested in assisting him to find suitable leaders. Beard remarked that Leathers had studied nursing education and learned a great deal within the last 2 years. During the summer of 1929,

Leathers visited nursing centers in England, including University College Hospital, and he met two former English RF nursing fellows (Beard, Officer Diary, September 26, 1929).

After 1929, Beard made sporadic visits to the South until the end of her tenure at the RF in 1938; however, these visits were not particularly noteworthy. The following section describes Beard's meetings with African American nursing leaders and the assistance she gave to an African American nurse to obtain an RF fellowship in 1937.

Activities in 1937

During her tenure at the RF, Beard also consulted with African American nursing leaders and assisted to arrange a RF nurse fellowship for an African American nurse. In January 1937, at the RF New York offices, Beard met with Mable Staupers, Executive Secretary of the National Association of Colored Graduate Nurses (NACGN). Staupers wanted to ascertain if the General Education Board could assist with a project. Beard reported that the NACGN had been working diligently with White nursing associations to enable NACGN members to share the regular professional meetings and conferences arranged by the ANA.

Beard reported that four regional conferences were being held in the spring and it was necessary for the President of the NACGN, Mrs. Riddle, and the Secretary, Mrs. Staupers, to attend the regional conferences. The cost would be approximately \$500 and for the past several years, the Rosenwald Fund had funded the cost. However, the Rosenwald Fund had withdrawn from this funding activity. Beard informed Staupers that she would find out if the matter could be presented to the General Education Board (GEB) for consideration (Beard, Officer Diary, January 5, 1937).

Also in January of 1937, Beard received an application from an African American nurse requesting a nurse fellowship. The application came via the GEB. The applicant was a Miss Ollie J. Sims, whom Beard noted had a degree from Dillard University (subject not noted). Having graduated from the Meharry School of Nursing, Sims worked at Flint-Goodridge Hospital in New Orleans and was in excellent standing. Miss Sims was seeking a second degree in order to pursue an executive position in nursing. Beard reported that African American nurse applicants must meet the same entrance requirements that are applied to White applicants for fellowships:

I agree that fellowships for colored nurses should be given like those for white nurses, only to people whose qualifications, general education and general desirability are superior. Meharry is not good enough to be registered by New York State, which means that it has definite and serious limitations. (Beard, Officer Diary, January 11, 1937, p. 4)

However, Beard thought that a fellowship might be granted for Sims to study either at Teachers College or at Western Reserve as she would receive a thorough educational preparation. Beard reported that the GEB was hurrying the application so that Sims could begin studies in February 1937. Therefore, Beard promised the GEB that she would speak with Miss Hudson in the Department of Nursing at Teachers College, Columbia University as soon as possible (Beard, Officer Diary, January 11, 1937).

Miss Hudson informed Beard that if Sims received strong recommendations from nurse leaders whom Teachers College considered in high regard, then an exception might be made so that Sims could be admitted to Teachers College. Beard reported that Hudson would contact Mrs. Staupers, Executive Secretary of the NACGN, to enquire about Sims (Beard, Officer Diary, January 11, 1937).

It appeared that Miss Sims was successful in her fellowship application as Beard reported in a diary notation on October 28th, 1937 that Sims will have completed her Master's degree at the end of the current autumn term. However, Hudson was advising that Sims receive an extension for the following term. Beard was in agreement because she thought there might shortly be an executive-level position at a School of Nursing for African American nurses; therefore, Beard made the recommendation to the GEB (Beard, Office Diary, October 28, 1937).

This researcher surmises that Sims was successful in obtaining an extension of her fellowship because she met with Beard in January 1938 in New York City. Beard recommended to Sims that she apply for an instructor position at the Meharry School of Nursing. However, Sims reported that she parted from Miss Little, the Dean of Meharry School of Nursing, on poor terms. Miss Little thought Sims should not have left the School of Nursing, even though Sims had worked there for 3 years after her graduation. Beard noted that Sims was interested in her studies and was a promising person (Beard, Officer Diary, January 3, 1938). There was no further mention of Miss Sims in Beard's diary entries, and this researcher was unable to ascertain what career choices Miss Sims made after graduation from Teachers College. The following section summarizes this chapter.

Conclusion

The issues that Ethel Johns uncovered in her 1925 report were corroborated by Mary Beard during her visits to southern educational facilities and work sites. These issues included inferior living and working conditions for Black nurses and student

nurses, the poor standard of nursing education in the South, and the low status that nursing had in the South.

D'Antonio (2010) remarked that Black and White middle-class women in the South did not enter the nursing profession because it was considered an occupation for Black domestic workers with connotations to slavery. Animosity also existed between nurses from the North and South, with southern nurses resentful of the low opinion that northern nurses held about them (D'Antonio, 2010).

Beard was concerned with how to attract southern Black high school graduates into the nursing profession. This was particularly challenging as southern Black nurses who moved to the North for educational purposes were reluctant to return to the inferior social and working conditions of the South upon graduation. This is one of the reasons why the Rosenwald Fund and the RF were attempting to develop an African American nurse education center in the South that was on a par with nursing education centers in the North. As previously noted, these philanthropies were interested in improving African American healthcare and this could be accomplished if Blacks had access to quality care provided by educated healthcare providers.

Beard's meetings with southern nurse educators and healthcare administrators afforded her the opportunity to hear the opinions of both Black and White healthcare professionals. While Beard did level criticism at the racist attitudes of southern Whites, she also documented some odd thoughts regarding the abilities of some African Americans. For example, while she praised the leadership abilities of the Black President of Morehouse College, she concluded that his abilities are due to his White ancestry. Beard also appeared surprised by the leadership abilities of the Black superintendent of

nurses at Hubbard hospital. In this instance, Beard made the conjecture that it was due to her Catholic faith. Attitudes pertaining to race were complex; however, Beard's comments could be construed as an inherent belief in the superiority of the White race and their cultural superiority.

In the context of time, these statements and views on race were not considered unusual and probably not considered racist; however, on analysis, these views demonstrated Beard's implicit bias as something of which she was unaware. However, it was also evident that she was appalled by southern Whites' racial animosity towards Blacks. This was evident when she commented how the RF foreign nurse fellows were shocked by this and noted this must be considered when placing foreign nurse fellows in the South.

Beard's descriptions of her travels in the South and the conditions that she witnessed are important as they add context to the situation that African American nurses were facing at a time when Beard was advocating support for the educational advancement of all nurses across the country.

Beard advocated for an educated nursing workforce and found it a challenge to make a career in nursing attractive to middle-class Black and White high school graduates and college-educated women. On several occasions, Beard voiced her concerns that Black and White female college students did not consider entering the nursing profession and instead entered the professions of education and social work.

It appears that Beard made the assumption that working-class women did not have access to higher education and did not have the family financial means to graduate high

school. A case could be made that Beard was an elitist; however, perhaps this was an example of Beard's pragmatic approach to elevating the standard of nursing education.

This chapter described Beard's travels and work in the southern states during her tenure at the RF. Like Ethel Johns before her, Beard witnessed the unique educational and working conditions of African American nurses and the discriminatory practices that they faced. The chapter also examined Beard's collaboration with the Rosenwald Fund who was also involved with the improvement of nursing education in the South.

Chapter VIII

EPILOGUE

When Mary Beard retired from the Rockefeller Foundation in December 1938 at the age of 62, it was to assume the position of Director of nursing services of the American National Red Cross in Washington, D.C. Beard was charged with the enrollment for the Red Cross nurses reserve, directing its public health nursing services and its disaster nursing program (Buhler-Wilkerson, 1988). Beard was also responsible for reorganizing and directing the nurses of the American Red Cross in the Second World War (Gregg, 1947).

Beard retired from the Red Cross in August 1944 due to poor health and she died on December 4, 1946. A memorial service was held for Beard at Grace Church in New York City. Alan Gregg, Director of Medical Sciences at the RF, noted during his address at Beard's memorial service that she was the recipient of two honorary degrees: Doctor of Humanities from the University of New Hampshire and Doctor of Laws from Smith College (Gregg, 1947). Beard's obituary in the *Herald Tribune* (1946) made reference to the book that she wrote *The Nurse in Public Health* (Beard, 1929), as well as the many articles she authored and the speeches she delivered on nursing education and public health. Beard was survived by her three sisters and her ashes were returned to New

Hampshire, the place of her birth. The following sections of this chapter analyze the work that Beard conducted during her 13-year tenure at the RF.

The purpose of this historical study was to demonstrate that public health nurses in the United States have a significant history of successfully organizing, developing, and leading public health services during times of societal change and transition. This study examined the critical role that public health nursing leader Mary Beard played during her 13-year appointment at the Rockefeller Foundation (RF), primarily through an analysis of her work diaries and correspondence. During Beard's tenure at the RF, she occupied a unique position within the nursing profession by providing expert opinion on nursing and healthcare matters to the Directors of the RF. Beard also offered a keen insight into professional nursing and healthcare organizations as well as individual nursing and healthcare professionals, both in the United States and Canada.

During the course of this study, it became apparent that it would not be possible to analyze all the work that Beard conducted at the RF because of the vast number of projects in which she was engaged. Therefore, this researcher focused on three areas of her work: advisory assistance to a national nursing organization; the development of nursing education at the University of Toronto; and the condition and status of nursing in the southern states, with particular emphasis on African American nurses. Beard's officer diary notations are often candid and her point of view clearly communicated.

Beard was a nationally recognized expert in the field of public health nursing when she was hired by the RF in 1925; as such, she was uniquely qualified to be the RF's resident nurse expert in the Foundation's home office in New York City. According to Buhler-Wilkerson (1988), Beard belonged to the generation of nurses who were

described as “inspired pathfinders” (Buhler-Wilkerson, 1988, p. 19). Beard was a younger member of this cohort of nurses, whose members included Lillian Wald, Annie Warburton Goodrich, and Mary Adelaide Nutting, to name just a few. Beard’s social class, her nurse education, and the social context in which she began her nursing career are significant factors in her development as a public health nurse leader.

The Social Context

The period between 1890 and 1920 was marked by significant events that had the overall effect of altering the way of life for most of the citizens of the United States. The adoption of new industrial engineering advances in business propelled the nation from an agrarian to an industrial economy. People who successfully took advantage of industrial business opportunities made vast fortunes that had never been witnessed in the country before (Boyer, 2012; Brown, 1997; Diner, 1998; Muncy, 1991). Citizens whose occupations were rendered redundant by industrial advancements had to find different ways to earn a living. Many moved from rural areas to crowded overpopulated urban areas to work as unskilled laborers in manufacturing, for example, in factories and steel mills (Boyer, 2012). Immigrants continued to arrive in the country looking for an improved way of life. Many immigrants congregated in urban slum areas. The overpopulated cities created severe strain on municipalities, which could not build and maintain safe city infrastructures (Diner, 1998; Evans, 1997; Muncy, 1991). The substandard living and working conditions of the cities’ poor created a public health crisis. Unsafe drinking water, leaking sewage systems, contaminated food, and unsafe working conditions contributed to the spread of communicable diseases, malnutrition,

and industrial accidents that caused traumatic injuries, all leading to a rise in adult and infant mortality (Buhler-Wilkerson, 2001; Chen, 2013; Diner, 1998).

Advances in biological science during the Progressive Era revolutionized public health with the implementation of vaccinations to combat contagious diseases such as smallpox (Lippi & Gotuzzo, 2013; Susser & Susser, 1996). These scientific discoveries attempted to control disease and mortality. Public health reform was stimulated by laypeople and health professionals joining together to campaign for social services (Fitzpatrick, 1975; Lynaugh, 2010).

Middle-Class Women and the Progressive Era

During this period, educated White women searching for a meaningful role outside of the domestic sphere found opportunities to contribute to the improvement of society. They found ways to work directly with the urban poor, often in settlement houses. Living among the poor offered the settlement workers a different perspective on the challenges and issues that the urban poor were confronting (Danbom, 1987; Muncy, 1991). Many of the settlement workers developed innovative ways to assist urban residents with the challenges they faced. The service programs developed and run by the settlement workers included crèches for working women who required affordable safe childcare. Jane Addams was one of the first settlement workers to establish an employment bureau that assisted with job placement. The settlement workers volunteered their services, and over time they honed their skills, forged networks and partnerships with local stakeholders, and developed new professions. These included social work,

employment bureau administration, and probation officers who provided advocacy for juveniles in the court system (Dawley, 2003; Diner, 1998; Kessler-Harris, 2003).

African American Women

D'Antonio (2010) noted that among middle-class African Americans, higher education for their daughters became more accepted, and if these women decided or needed to make a living, they often became school teachers, librarians, and social workers. According to Rouse (1991), they were the promoters of racial consciousness and the organizers of women's clubs.

As for the working class, because African American men were generally unskilled or semiskilled laborers, they were usually employed for short-term employment, for example, just for the duration of a construction job. This meant that many African American working-class women were the primary source of the family finances. They were usually engaged by Whites as domestic help; in some cases, they were vendors in the marketplace selling fruit, vegetables, and flowers (Rouse, 1991).

Nursing and the Progressive Era

Prior to the Progressive Era, the establishment of modern nursing occurred in the United States with the creation of hospital training schools influenced by the work of Florence Nightingale. These schools taught the science and skill of nursing via structured lectures and clinical training. This reform was implemented to improve nursing care and to establish nursing as a profession (Lynaugh, 2010; Reverby, 1987). In an attempt to elevate the occupation of nursing from the domestic servant class, these modern elite

schools of nursing only accepted applicants from the White middle and upper classes (Mottus, 1981; Reverby, 1987).

Several of the graduates of the first two Nightingale-influenced hospital training schools in New York City (Bellevue Hospital and New York Hospital) were among the first leaders of nursing. These women included Isabel Hampton Robb, who was the first elected president of the Nurses' Associated Alumnae of the United States and Canada, and Annie Warburton Goodrich, who became the first Dean of the Yale University School of Nursing (Abrams, 1991; Farley, 2004; Mottus, 1981; Poslusny, 1988).

Lillian Wald, a graduate of the New York Hospital Training School for Nurses (a contemporary of Beard) who has been credited with inventing the term *public health nursing*, started her progressive nursing service among the poor of the Lower East Side. In addition to developing a comprehensive visiting nurse service, she also created school nursing and industrial nursing. The Henry Street Settlement was also the hub for the expression of progressive reform ideas. The Settlement hosted meetings concerning radical and controversial topics. In 1909, the National Negro Conference held its interracial reception at the Settlement (Buhler-Wilkerson, 2001).

However, according to Feld (2008), even though Wald was seen as a supporter of Black nurses and the Henry Street Settlement was one of the few public health venues that did hire Black nurses, the 25 Black nurses did not visit White homes and were not promoted to supervisory status. Wald did pay these nurses the same salaries as the White nurses and they did receive the same professional standing.

Beard entered the public sphere when she started her nurse education in New York City at the New York Hospital Training School for Nurses. Beard's entry to this

elite school of nursing was based in large part on her race, gender, and class, which in turn brought her into contact with significant future nurse leaders (Reverby, 1987).

Beard graduated as a nurse in 1903, equipped with the skill set to earn her own living and the ability to lead an independent life. Beard made the decision to remain in the public sphere working as a healthcare professional. The following section discusses why Beard was the right candidate for the Rockefeller Foundation.

The Right Candidate for the Job

When Mary Beard was recruited by the RF she was already a nationally recognized public health nursing leader. Beard had successfully reorganized a large city visiting nurse organization, the Instructive District Nursing Association of Boston (IDNA). Beard's reorganization resulted in the substantial growth of the organization. A year prior to her appointment as superintendent, the organization had conducted 112,000 nurse visits per year; at the end of her tenure at the organization 11 years later, the nurse visits had increased to almost 440,000 annually (Buhler-Wilkerson, 1988, 2001).

The IDNA developed the first postgraduate public health nursing course in the country in 1907. During her tenure at the IDNA, Beard was instrumental in the postgraduate course becoming affiliated with the School of Social Workers at Simmons College. Beard developed a working relationship with the Director of the course, Anne Hervey Strong, who previously had been an instructor in public health nursing at Teachers College, Columbia University. Beard also developed a professional relationship with Mary Adelaide Nutting, Professor in Nursing Education at Teachers College, with whom she exchanged ideas and requested assistance (M. Beard to M. A. Nutting,

November 23, 1922). In 1919, both Beard and Nutting were members of the Committee for the Study of Public Health Nursing Education funded by the RF. Beard's development of this postgraduate nursing course at the college level demonstrated her interest and commitment to nursing education.

Beard was also a founding member of the National Organization of Public Health Nursing (NOPHN). She was elected to the NOPHN's first board of directors, eventually becoming president in 1916 to 1919. When the United States entered World War I in 1917, Beard was one of the first public health nursing leaders to recognize the potential threat to the civilian population. During her address at the 20th Annual Convention of the American Nurses' Association in April 1917, she appealed to public health nurses to remain at their posts in the United States (Beard, 1917). In conjunction with this mission to safeguard civilian public health during the war, a subcommittee on public health nursing of the Committee on Hygiene and Sanitation, General Medical Board of the Advisory Council of National Defense was formed. Beard was appointed chairman of this subcommittee and became the first nurse in the country to serve on a committee of the Council of Defense (Fitzpatrick, 1975; Roberts, 1954). Abrams (1992) noted that several of the RF officers were engaged in World War I relief in Washington, D.C. under the auspices of the Council of National Defense and this is where they became acquainted with nurse leaders, including Beard.

During the same time period, Beard was also successful in lobbying the RF for funding and the NOPHN was granted \$15,000 for the year of 1918, \$10,000 for 1919, and \$5,000 for 1920 (Rockefeller Foundation, 1919). This researcher surmises that

Beard's profile was high enough that it garnered respect from the RF officers and this had a positive impact when requesting RF funds.

Beard's leadership skills were also put to the test during the influenza pandemic of 1918. The IDNA found itself on the frontlines of the epidemic when Boston became the first city in the country to confront the influenza outbreak. Beard successfully coordinated home healthcare services with the result that the general public developed an understanding of the important work that public health nurses performed. Beard noted that this was demonstrated by an increase in public donations that the IDNA received (Keeling, 2010).

After Beard's graduation from nursing school and prior to her appointment at the RF, she forged and strengthened a professional nursing network comprised of leaders from nurse education and public health nursing. Founding members of the NOPHN included public health nurse leaders Ella Crandall, Edna Foley, Annie Warburton Goodrich, and Lillian Wald. Crandall, Goodrich, and Wald also conducted war work in Washington, D.C. and were members of the Committee for the Study of Public Health Nursing Education (commonly known as the Goldmark Report). Additionally, Wald and Goodrich were members of the New York Hospital Training School for Nurses alumnae association. Abrams (1992) noted that nurse leaders were confined to a relatively small group from the eastern United States and those graduates of the Johns Hopkins Hospital School of Nursing and the New York Hospital School of Nursing dominated as the RF nurse advisors.

Not only did Beard have the managerial and technical skills to be a successful nurse leader, but she was noted to have a high quotient of personal qualities—now

termed *emotional intelligence* (Goleman, 2006). Gregg (1947), in his memorial address to Beard, made note of her intelligence, tolerance, and generosity of spirit as well as her appreciation of diversity:

She sought to express her convictions to an ever-widening circle. She loved the tolerance and the all-embracing generosity of nursing. Being herself intelligent she saw the power and the sweep of making nursing a profession for the intelligent.... She had no time for animosity and little time for people who wanted to indulge in animosity...she instinctively placed more trust in being able to keep people interested than in overawing them or commanding them. (Gregg, 1947, p. 103)

In recommending Beard to the IDNA board of managers, Crandall also noted Beard's intelligence and manner; another referee, the Reverend John Lewis, highlighted Beard's personal charm and self-confidence (Buhler-Wilkerson, 2001). Goleman (2006) reported that these qualities used to be described as soft skills; however, people who possess a high quotient of these social competences have been found to have the ability to engage and motivate other people.

While at the RF, Beard shrewdly and skillfully negotiated and expanded her sphere of influence in a male-dominated environment; this assisted her to further the agenda of public health nursing and education. The following section discusses how Beard accomplished this.

Negotiating Space in a Male-Dominated Environment

Two critical events occurred during Beard's tenure at the RF that enabled her to negotiate a professional work space that would further the agenda of public health nursing and education. Both of these events revolved around the reorganization of the RF's boards and divisions.

The first event occurred in the summer of 1926 when the RF was planning the dissolution of the Division of Special Studies (DS) and the transfer of nursing projects to the Division of Medical Education (DME) and the International Health Division (IHD). Beard had been working with the DS for over 6 months. Beard's boss Edwin Embree was visiting Asia and Australia at this time and Beard notified Raymond Fosdick, a trustee of the RF, why she had turned down a position as a regular staff member within the DME (M. Beard to R. Fosdick, July 10, 1926).

Beard brought to Fosdick's attention issues related to the internal organization of nursing projects; this included evaluation of projects and the budget. Beard requested that organizational changes be made at the New York office because there was no cooperation among the boards and divisions, unlike in the European office in Paris. Beard recommended that a nurse should have direct access to the RF budget committee and requested that a nurse representative participate in the RF decision-making processes to provide accurate information and "establish a more rational educational plan for nurses than the confused methods now prevailing" (M. Beard to R. Fosdick, July 10, 1926, p. 3). Beard prevailed and her concerns were addressed to her satisfaction. She was appointed the assistant to the Director of the DME on April 1 (Beard, 1936).

The second reorganization and transfer of nursing projects occurred in early 1931, when nursing activities were transferred to the IHD. Initially, Beard was offered the position of Field Director of the IHD; to the surprise of Frederick Russell, the Director of the IHD, Beard turned down this position. Beard believed that the nursing representative in the New York office should carry the same status and responsibility that the other RF officers had.

The officer representing nursing in New York must be safeguarded in her approach to you and unimpeded in her work in exactly the same way as other members of your New York staff are safeguarded.... In considering a new position I must however, be able to believe that there will be no conditions which would prevent me from doing my work honestly and harmoniously. I know that I could not do so in the position of Field Director. (M. Beard to F. Russell, October 17, 1930. pp. 1, 2, 3)

Russell was then faced with lobbying the scientific directors of the IHD to vote on Beard's appointment as Associate Director to the IHD. Some scientific directors immediately voted for Beard's appointment, including Wilson Smillie, Professor of Public Health Administration at Harvard University (W. G. Smillie to F. Russell, October 22, 1930), while other scientific directors displayed ambivalence to Beard's appointment or opposed it.

As previously stated, the transfer of nursing projects was scheduled for early 1931. However, Russell had not anticipated that Beard would reject his offer of Field Director. Beard's rejection of the initial job offer in late 1930 meant that the nursing projects would be without appropriate nursing representation and management in early 1931. No other nurse was qualified within the RF to take the leadership of the nursing program in the New York Office and it would be difficult to recruit a nurse leader from outside of the RF to assume this role. Russell was very much aware of this and informed the scientific directors of the necessity to vote on the matter as quickly as possible. Beard successfully negotiated her appointment to Associate Director to the IHD, becoming the first woman to achieve the same equality in rank with Russell's other male assistants.

Case Studies

The case studies presented in this research study served to demonstrate the complexity and variety of work that Beard performed during her tenure at the RF. Beard's expertise was sought after not just by professional healthcare organizations but also by individual nurses and healthcare administrators.

Organizations were not always successful in achieving their goal, as demonstrated in the case study regarding the NOPHN, which it seemed did not obtain funding to identify public health clinical practice sites for student nurses. However, this case study did demonstrate the enduring difficulties of obtaining appropriate clinical field experience for student nurses. The case study also demonstrated Beard's ability in providing expert advisory services to a professional national nursing organization.

The second case study demonstrated Beard's commitment to advancing nurse education abroad (Canada). This researcher proposes that without Beard's enthusiasm and tenacity, the RF endowment to the school of nursing at the University of Toronto might not have been successful. The collaborative relationship between Beard and Kathleen Russell was the foundation to the eventual creation of the school. Beard's willingness to invest the time to strategize with Russell and offer her a safe place to vent her worries and frustrations highlighted her commitment to the advancement of public health nursing education and her commitment to strengthen a nursing network through mentorship. Both Beard and Russell negotiated in a professional world dominated by men and they forged a partnership that had a major impact in the movement for public health nursing.

The third case study described the travels Beard conducted in the southern states during her tenure at the RF. This case study presented the unique educational and working conditions of African American nurses and the discriminatory practices they faced. Beard was given the opportunity to hear the opinions of both Black and White healthcare professionals and she did level criticism at the racist attitudes of Southern Whites.

However, Beard did record some odd thoughts regarding the abilities of some African Americans. A Black college president was acknowledged for his leadership abilities and Beard concluded that this was due to his White ancestry. A Black hospital Superintendent's success was credited to her Catholic faith and education. Clearly, attitudes pertaining to race are complex and Beard was sympathetic to the issues facing African Americans. However, Beard's comments demonstrated her inherent belief in the superiority of the White race and its cultural superiority as well as her implicit bias towards African Americans. While it did not appear that the RF was successful in assisting in the establishment of an African American school of nursing at an institution of higher education, Beard did collaborate with the Rosenwald Fund who was also engaged with the improvement of African American nursing education in the South.

Conclusion

When Beard commenced her tenure at the RF, she was a nationally recognized public health nursing leader. A review of Beard's work demonstrated that her overarching goal was to provide quality public healthcare at the national and international level. Beard was cognizant that nursing care was integral to achieving this goal.

Beard understood the necessity of employing several key strategies to elevate the occupation of nursing to the professional level. In order to accomplish this, it was necessary to improve the standard of nurse education, principally by moving the education of nurses from the hospital apprenticeship system controlled by hospital administration to the independent institutions of higher education. Beard was a Committee member on the Goldmark Report, an RF-funded investigation of nursing education and distribution. According to Buhler-Wilkerson (2001), Beard's interest in the advancement of nurse education occurred during her tenure at the IDNA and its affiliation with Simmons College in conjunction with the postgraduate nursing course in public health nursing.

Beard's work at the IDNA demonstrated that the role of nurses was made visible to the general public during times of national crisis; this occurred during the influenza outbreak in Boston in 1918. Collaboration between nurses and community stakeholders was integral in securing the health of the public, while engagement at the local and national political level enabled public health nurses to take an influential part in social and healthcare reform.

Beard's work is not as widely known as other American nurses, such as Lillian Wald. This researcher did not find any specific details of Beard's involvement in other social movements, unlike Wald who is noted for her contributions for the rights of women, workers, immigrants, and African Americans (Feld, 2008). However, the case could be made that Beard's life's work was an example of her commitment to public healthcare at home and abroad. Beard was White, Protestant, middle class, and socially connected. These attributes allowed her to enter an elite school of nursing in New York

City. Working-class women, African American women, and women who were Catholic and Jewish were mainly barred from entry to these elite Nightingale-influenced schools of nursing. However, Beard's professional work and her actions demonstrated her commitment to female equality in the workplace. Beard had successfully negotiated a sphere of influence within the male-dominated world of the RF. Although there is no record of Beard belonging to or championing the suffrage movement, it could be argued that her career demonstrated her feminism.

Recommendations for Future Study

As previously stated, it was not possible to research and study all the work that Beard conducted at the RF. This researcher proposes that the work Beard conducted with the RF foreign nursing fellows is worthy of study. In 1926, Beard assumed responsibility for the RF nurse fellowship program. The RF developed a program of foreign nursing fellowship studies to educate qualified nurses in the United States and Canada in public health nursing, nursing education, and nursing administration. The expectation was that these nurses at the end of their fellowships would return to their countries prepared to administrate RF-funded institutions and educate the next generation of nursing students in their countries. Nursing fellowships were granted to nurses who passed a written examination and an interview. The nursing fellows accepted into the program came from northern, eastern, and southern Europe; Central and Latin America; the Middle East; and Asia (Beard, 1936).

Every nursing fellow received an individualized educational program comprised of clinical practice and academic coursework. In addition to developing these individual

educational programs, Beard also had to secure clinical practice sites and educational institutions in the United States. This necessitated that she traveled to each potential clinical practice site and educational institution. Beard inspected and assessed the institutions' facilities and staff. Beard (1936) had to explain carefully to the potential institutions the goals of the nursing fellowship program and the specific needs of the fellowship students. Clearly, this program was a major part of Beard's work at the RF. Beard documented her interactions with the foreign nurse fellows in her officer diary. It would be valuable to research how these nursing fellows adjusted to life in the United States and what their professional accomplishments were on return to their home countries.

In conclusion, Beard was very much a product of her gender, race, and class, a product of the times in which she lived. However, her professional work demonstrates that she was an educated progressive woman and she did recognize inequality as it specifically applied to African Americans. However, Beard's implicit bias came through in her written diary notations as they pertained to some African American abilities, most notably when she was surprised by the abilities of a college president and a Superintendent of nurses. During a visit with an African American nurse, Beard was impressed with the professional work that the nurse demonstrated. However, this account did not get published in her book on public health nursing in 1929.

In her quest to elevate nurse education, Beard sought to encourage middle-class Black and White nurses to enter the profession and was critical of schools of nursing that accepted students who did not graduate high school. Although this could be interpreted as an elitist stance, the case could also be made that Beard was taking a pragmatic approach

in garnering support for the establishment of independent schools of nursing at institutes of higher education. As noted in Chapter VI, Beard endorsed the education of all student nurses within an independent school, not just elite students deemed to be potential leaders of nursing.

This researcher makes the case that Beard's flaws do not take away from the work she conducted. Beard's shrewd and pragmatic approach when confronting complex problems (as was the case with the establishment of the School of Nursing in Toronto) and her ability to negotiate a sphere of influence within the male-dominated world of the Rockefeller Foundation demonstrate how she was able to make significant contributions to public health nursing and nurse education.

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